



DEPARTMENT OF THE NAVY  
OFFICE OF THE CHIEF OF NAVAL OPERATIONS  
WASHINGTON, DC 20350-2000

IN REPLY REFER TO  
OPNAVINST 1700.9D  
Pers-659

27 OCT 1994

OPNAV INSTRUCTION 1700.9D

From: Chief of Naval Operations

Subj: CHILD DEVELOPMENT PROGRAMS

Ref: (a) DODINST 6060.2 of 19 Jan 93 (NOTAL)  
(b) DODINST 1402.5 of 19 Jan 93 (NOTAL)  
(c) SECNAVINST 5300.32 (NOTAL)  
(d) OPNAVINST 11101.13J  
(e) BUPERSINST 1710.11B  
(f) NAVMILPERSCOMINST 5890.1  
(g) NAVCOMPT Manual, Vol. 7, Par. 075500  
(h) SECNAVINST 4061.1C

Encl: (1) Child Development Program (CDP) Standards

1. Purpose

a. To revise policy, establish minimum operating standards, and provide guidance for the operation of all CDPs on naval installations and in government housing to ensure a healthy, safe environment and to promote quality child care.

b. To implement references (a) and (b). This instruction is a complete revision and is to be reviewed in its entirety.

2. Cancellation. OPNAVINST 1700.9C and reports NMPC 1700-1 and NMPC 1700-2.

3. Summary of Significant Changes

a. Establishes requirements for appropriated fund (APF) support.

b. Establishes the requirement to at least match revenue from parent fees with direct APF support at the Echelon 2 level for center-based care and to support the Family Child Care (FCC) program with APFs.

c. Provides guidance on priority of access to CDPs to support operational readiness and mission support.

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d. Incorporates requirement to establish fees based on total family income.

e. Establishes the requirement for four annual inspections.

f. Establishes standards for writing local instructions and Standard Operating Procedures (SOPs).

g. Incorporates revised guidance on the care of children with special needs.

h. Establishes standards for parent advisory boards, parent participation and requirements for annual patron satisfaction survey.

i. Changes the term Family Home Care (FHC) to Family Child Care (FCC).

j. Establishes cash-handling procedures.

k. Incorporates revised requirements for completing staff background checks.

l. Establishes the requirement for a qualified training/curriculum specialist in each Child Development Center (CDC).

m. Incorporates revised fire protection and safety standards.

n. Provides information on alternative care programs.

o. Establishes the requirement for CDCs to maintain record of Family Care Plan.

p. Establishes the requirement to report allegations of physical abuse in centers and FCC settings.

4. Discussion. The composition of the Navy is changing rapidly and is largely reflective of trends in our society. Increasingly, Navy families consist of two wage earners as well as families that are headed by a single parent, either male or female. These personnel experience a need for child care services which is heightened by the mobility of military service. Recognizing the significance of quality CDPs to military and civilian personnel, it is the Navy's intent to assist in providing child care services to support operational readiness, mission accomplishment

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and retention. The extent to which this is feasible is a factor of funding availability as well as positive commitment to quality child care services.

5. Policy. It is the Navy's policy to provide CDPs which assist military and civilian employees in contributing to mission accomplishment. In this regard, enclosure (1) and the following policies apply:

- a. Child care is the personal responsibility of parents.
- b. Child care is not a right or entitlement, but a service that can be provided to a finite portion of the population in order to promote operational readiness, mission accomplishment, and retention.
- c. The primary goal of CDPs shall be to assist employed parents, both military and civilian, and spouses of active duty members who are full-time students in locating at least one affordable option for the care of children age 6 and under. The type and extent of assistance provided will necessarily vary among Navy installations. It will depend upon such factors as availability and cost alternatives within the local community, the demographics of base population, and the APF resources available to the local commanding officer.
- d. As discussed in reference (c), consideration should be given to the needs of personnel with child care requirements who work long or unusual hours. Commanding officers are encouraged to use available programs such as job sharing, part-time employment, flexible and compressed work schedules, leave transfers and granting of leave for reasons of parental and family needs to assist civilian employees in meeting dependent care responsibilities.
- e. The scope of child care services, including types of care, hours of operation, etc., shall be based on a needs survey. Unmet demand may be met by referral to licensed programs in the local community and/or the use of lesser cost, on-base options, including FCC as authorized by reference (d) and governed by this instruction.
- f. Resource and referral services, for other than Navy CDCs, will only suggest as child care alternatives those off-base services which meet local and/or state standards and those on-base FCC providers who meet Navy standards. In all cases, the choice of a caregiver and the consequences of accepting child care services rest with the parent.

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g. Quality assurance in Department of the Navy (DON) sponsored CDPs will be ensured by a minimum of four annual inspections, one of which will be conducted by qualified headquarters personnel. All programs operating on DON installations or in facilities receiving DON funding or oversight shall comply with all supporting service facility, health, and safety standards, including child/staff ratios, group sizes, and required background checks for personnel as specified in reference (c). All programs shall be included in the required local inspections.

h. Parents shall be surveyed annually to determine satisfaction with hours of operation, type of care available and quality of care provided.

i. CDPs are established to meet the needs of working parents. Services may be established to provide care for children 6 weeks to 6 years of age for full-day, part-day, and hourly care. The need for school-age programs shall be met through the use of youth facilities, schools and other appropriate community facilities. When school-age programs, including before and after school and summer camps are operated and supervised by child development program personnel, the standards established in this instruction apply. When possible, personnel needs for hourly care for children 6 weeks through the age of 6 and for part-day preschool programs will be met by expanding the use of other suitable facilities.

j. CDPs shall be operated as an element of the Navy Morale, Welfare and Recreation (MWR) program as prescribed in reference (e). Any exceptions require prior approval by the Bureau of Naval Personnel (BUPERS) (Pers-6) via the chain of command.

k. Regardless of sponsor, all CDPs operating on Navy installations or in facilities receiving Navy funding or oversight shall comply with all facility, health and safety standards. All child development centers operating on Navy installations that are the result of long-term facilities contracts (under authority of Section 2809 of Title 10 United States Code, Section 2812 of Title 10 United States Code, or other contract agreements) shall comply with all operational and safety standards outlined in this instruction regardless of patron population or sponsor. These include child/staff ratios, group sizes and required background checks for personnel as specified in enclosure (1). All programs shall be included in the annual multi-disciplinary team inspection. Any exceptions require written approval by BUPERS (Pers-6) via the chain of command.



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(1) Programs operating under the sponsorship of private organizations or contracts shall be insured as specified in reference (f).

(2) This instruction does not apply to programs operated for sporadic or occasional care such as that provided by chapels in support of religious services.

(3) The requirement to comply with the caregiver wage plan does not apply to contract personnel. Contracted centers shall comply with fees established by the Office of the Secretary of Defense. (Contract operations established prior to the date of this instruction shall come into compliance with fee policies when contracts are renegotiated.) The requirement to fund programs with APF at least equal to the amount of user fees collected does not apply to facilities operating under 2809 and 2812 authority. Contracted operations previously excluded from this requirement have until 1 January 1996 to comply.

1. CDPs operating on Navy installations shall be operated without discrimination as to race, color, sex, special needs, national origin or the grade and rank of the sponsor.

m. Priority of access for full-day, center-based child care services will be supportive of operational readiness, mission accomplishment, and retention. When there is an unmet need for child care, the installation commanding officer shall determine the priorities for care among those eligible to receive care, based on local requirements. These priorities shall be made known to all eligible patrons.

6. Funding. CDPs staffed and operated by Department of Defense (DoD) personnel are Category B MWR activities and shall be operated, maintained, and funded by APF as specified in reference (g).

a. Echelon 2 commands shall ensure that direct APF support for center-based programs is, at a minimum, equal to the amount of user fees collected.

b. Appropriated funds shall be used for facility construction and renovation.

c. Appropriated funds shall be used for operating costs, equipment, supplies, utilities, custodial and maintenance services, administrative and supervisory personnel, training and travel, food-related expenses not paid by the United States Department of Agriculture (USDA), and other authorized uses.

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Appropriated funds shall also be used for as many caregiver personnel as required to accomplish APF/nonappropriated fund (NAF) break even.

d. Income from parent fees shall be used only for compensation of child care employees who are directly involved in providing child care, for food-related expenses not paid by the USDA or APF, and for consumable supplies.

e. The Chief of Naval Operations plan, approved April 1991, to expand and fund child development program operations provided sufficient resources to permit full funding from APF, parent fees, and related CDP generated revenue without subsidies (APF and NAF) from other MWR funds.

## 7. Responsibility

a. Chief of Naval Operations (N4) shall:

(1) Serve as resource sponsor for CDPs within Navy.

b. Chief of Naval Operations (N1) shall:

(1) Develop and coordinate overall policy pertaining to CDPs.

c. BUPERS (Pers-6) shall:

(1) Serve as executive agent for the Chief of Naval Personnel (CHNAVPERS).

(2) Establish the means and provide guidance by which the quality of life for Navy members is enhanced by high quality child care services.

(3) Periodically assess the adequacy of the supply versus the demand for child care services and represent the Navy family to higher authorities in addressing requirements.

d. BUPERS (Pers-65) shall:

(1) Develop standards and provide criteria for the operation of CDPs.

(2) Certify compliance with standards established in this instruction through annual, unannounced inspections and report results to the Assistant Secretary of Defense (Personnel and Readiness).

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(3) Monitor operations and provide training in the areas of programs, supervision, staff development, and administration.

(4) Provide technical assistance to ensure high quality programs and effectiveness in meeting mission requirements and the expressed needs of patrons.

(5) Review and validate standards for facility space criteria, scope, siting and equipment and ensure that functional design criteria are fully incorporated. Review the plans and specifications for all military construction (MILCON) and Operations and Maintenance, Navy (O&M,N) projects.

e. Echelon 2 Commanders shall:

(1) Ensure Type Commanders (TYCOMs)/Immediate Superiors in Command (ISICs) provide oversight of CDPs within their respective commands and serve as chief inspectors for headquarters level inspections.

(2) Ensure adequate APF to support CDPs are programmed, budgeted, and executed to comply with Chief of Naval Operation's direction and policies contained in this instruction.

f. Commander, Naval Facilities Engineering Command shall:

(1) Review and validate standards for space criteria and siting. Ensure functional design of CDC facilities follows Joint Services Design Criteria. Coordinate review and validation of progress drawings and specifications for all MILCON construction and O&M,N renovation and repair projects.

(2) Develop standards concerning fire protection and safety.

(3) Conduct inspections, provide technical assistance and interpret standards for commands to ensure compliance with fire protection and safety standards specified in enclosure (1).

g. Chief, Bureau of Medicine and Surgery shall:

(1) Develop standards concerning health and sanitation.

(2) Conduct inspections and provide technical assistance to commands to ensure compliance with health and sanitation standards as specified in enclosure (1).

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(3) Provide information through the family advocacy central registry for the completion of background checks.

(4) Provide training for CDC food service personnel in accordance with reference (h).

(5) Provide training for CDP and FCC programs in the areas of personal hygiene, sanitary food preparation, administering medication and identifying communicable diseases.

h. Commanding officers shall:

(1) Determine the need for Navy operated CDPs to support operational readiness, mission accomplishment and retention.

(2) Assess availability of affordable child care services in the private sector and the impact of inadequate child care services on the command mission, military and civilian employee productivity and absenteeism.

(3) Establish divergent child care options including center-based care, FCC, resource and referral to local community services, alternative on-base locations for short-term care, interagency initiatives, etc.

(4) Establish priority of access that is consistent with the policy guidance here and reflects the base population and local environment. Provide CDPs consistent with mission requirements.

(5) Request and apply appropriated funding to CDPs as authorized.

(6) Establish local policies and SOPs governing day-to-day operation of CDPs.

(7) Include CDPs in contingency planning and exercises.

(8) Establish personal oversight through regular, formal, documented inspections of CDPs and ensure compliance with established Navy policy, standards and guidance provided in this instruction. Ensure prompt, appropriate action is taken to correct deficiencies, request waivers or close facilities as required. Provide annual confirmation of compliance with standards established in enclosure (1) to BUPERS (Pers-65) through the chain of command.

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(9) Develop a plan of action at the conclusion of each Pers-65 inspection which properly addresses all deficiencies. Ensure appropriate action is taken in a timely manner to make corrections, request waivers, or close facilities as required.

(10) Ensure CDC personnel and FCC providers are qualified and screened as required.

(11) Report all allegations of child sexual and physical abuse, child neglect, outbreaks of contagious disease or serious accidents in CDPs to BUPERS (Pers-65).

(12) Ensure all child care providers living in government housing, owned or leased, are certified and monitored as required.

(13) Submit required semi-annual reports to BUPERS (Pers-659).

#### 8. Forms and Reports

a. These forms are stocked in the Navy Supply System and can be ordered through NAVSUP P-2002. Contact the command supply office for ordering.

<u>FORM</u>	<u>TITLE</u>	<u>STOCK NUMBER</u>
DD FORM 2606 (10-91)	DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM REQUEST FOR CARE RECORD	0102-LF-015-0700
NAVPERS 1700/1 (7-93)	CHILD DEVELOPMENT/YOUTH PROGRAMS CONDITION OF EMPLOYMENT STATEMENT OF ADMISSION	0106-LF-016-7300
NAVPERS 1754/5 (Rev. 3-93)	CHILD DEVELOPMENT PROGRAM REGISTRATION CARD	0106-LF-015-6200
NAVPERS 1700/11 (6-94)	SEMI-ANNUAL REPORT FOR THE CHILD DEVELOPMENT CENTER	ORIGINATOR OFFICE
NAVPERS 1700/12 (7-94)	SEMI-ANNUAL REPORT OF FAMILY CHILD CARE PROGRAM	ORIGINATOR OFFICE
FD-258 (Rev. 12-82)	FBI APPLICANT FINGERPRINT CARD	0104-LF-006-9600
DD FORM 398-2 (3-90)	DoD NATIONAL AGENCY QUESTIONNAIRE	0102-LF-008-6000

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SF-171 (12-90)	APPLICATION FOR FEDERAL EMPLOYMENT	7540-00-935-7150
SF-87 (4-84)	FINGERPRINT CHART	7540-00-634-4037
SF-85P (12-90)	QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS	7540-01-317-7372

b. These forms can be obtained from Pers-659:

(1) NAVPERS 1700/11 (Rev. 6-94), Semi-Annual Report for the Child Development Center.


(2) NAVPERS 1700/12 (7-94), Semi-Annual Report of Family Child Care Program.

c. The following reports are approved for 3 years from the date of this instruction.

(1) BUPERS 1700-2, Notification of Child Sexual Abuse Allegations, paragraph 8.5.3.

(2) BUPERS 1700-11, Semi-Annual Report for the Child Development Center, paragraph 5.5.4.

(3) BUPERS 1700-12, Semi-Annual Report of the Family Child Care Program, paragraph 5.5.4.

  
**H. C. MCKINNEY**  
**Assistant Deputy Chief of Naval**  
**Operations (Manpower & Personnel)**

**Distribution:**

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# **CHILD DEVELOPMENT PROGRAM (CDP) STANDARDS**



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## 1.0 FINANCIAL SUPPORT

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- 1.1 All child development program (CDP) operating costs will be funded with parent fees, appropriated funds (APFs) and related CDP generated revenue (e.g., food subsidy). Child development centers (CDCs) shall be operated, maintained, and funded with direct APF support at least equal to the amount of user fees collected. (Note: Effective 30 September 1991 reimbursement of nonappropriated fund (NAF) expenses with APF was terminated.)

1.1.1 Child care fee receipts may only be used for:

- Compensation of child care employees who are directly involved in providing child care
- Food and food related expenses not paid by APFs or the United States Department of Agriculture (USDA)
- Consumable supplies

1.1.2 APFs shall be used for:

- Equipment
- Supplies
- Utilities
- Administrative and supervisory personnel
  - CDC directors
  - Assistant directors
  - Operations clerks
  - Training/curriculum specialist
  - Lead caregivers
  - Family Child Care (FCC) coordinators, monitors, and administrative assistants
- Staff expenses not paid with fee revenue (i.e., caregiving personnel to the levels necessary to achieve program funding requirements)

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**FINANCIAL SUPPORT, cont.**

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- Staff training
- Staff travel
- FCC cost
- Resource and Referral Program costs
- Custodial and maintenance services
- National Agency Clearance Investigations, National Agency Checks, and state background investigations
- Other uses as authorized

1.1.3 APFs are authorized for food related expenses not paid by USDA.

1.2 APFs are authorized to provide direct assistance to FCC providers to expand availability of care and provide FCC services at a cost comparable to facility-based programs.

1.3 Funding of CDCs contracted under 10 U.S.C., Section 2809 or Section 2812, shall be the responsibility of the installation commanding officer or Echelon 2 commander. Operations and Maintenance, Navy (O&M,N) (and O&M,R) funds may be used for such contracts subject to the availability of appropriations.

1.4 The MWR fund administrator shall have complete administrative and fiscal responsibility for the operation of the CDP.

1.4.1 All receipts and disbursements of funds will be handled as prescribed for all elements of the MWR fund. (See Section 9.)

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**FINANCIAL SUPPORT, cont.**

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1.5 Various non-Department of Defense (DoD), federally funded programs are available to CDPs.

1.5.1 Some families may qualify for child care financial assistance from agencies of local, federal and/or state assistance programs. Information shall be made available to parents on these programs.

1.5.2 The USDA Child and Adult Care Food Program shall be used, where available, to defray the cost of food programs.

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## 2.0 PATRON ELIGIBILITY

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2.1 The status of the sponsor determines eligibility of child(ren) to enroll in Navy CDPs. Eligible patrons include military personnel, DoD civilian personnel paid from APFs and NAFs, reservists on active duty or inactive duty for training, DoD contractors, and retired members. First priority is child care for active duty and DoD civilian personnel. Installation commanders shall establish a priority system that is supportive of operational readiness, mission accomplishment and retention.

2.1.1 Priorities for CDC-based care shall be made known to all eligible patrons.

2.1.2 Recommended priority of access to Navy CDCs for full-day care follows:

- (1) Active duty single parents with custody and active duty dual military couples
- (2) All other active duty with a full-time working spouse (CDP staff may receive priority within this group)
- (3) All other active duty
- (4) DoD civilian employees

**NOTE:** Members of other Services assigned to Navy installations or served by Navy housing may be given equal access to CDCs as Navy members.

Enclosure (1)

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## **PATRON ELIGIBILITY, cont.**

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- 2.1.3 Commanding officers have the option to adjust priorities to meet mission requirements.

**NOTE:** Commanding officers may, within the constraints of efficient fiscal and space management and appropriate utilization levels, provide services to members of the Guards and Reserves.

- 2.1.4 CDC waiting lists should reflect patron priority of access.

- When there is no waiting list, spaces may be allocated to all authorized patrons on a first come, first served basis.

- 2.1.5 DD 2606, Request for Care Record (see Section 32), shall be used to maintain CDC waiting lists.

- 2.2 If the unmet need for active duty and civilian personnel in the first priority exceeds 20 percent of the available child care space (CDC and FCC), the commanding officer shall take appropriate action to expand the availability of care through resource and referral in order to offer quality, affordable options.

- 2.2.1 Commanding officers may meet the need for school age care through the use of youth facilities, schools, and other appropriate community facilities.

- 2.2.2 Requests for hourly care and part-day programs may be met by using other suitable facilities or programs such as FCC.

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### 3.0 FEES and CHARGES

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- 3.1 A fee scale, which includes fee bands that are based upon total family income, will be established annually at CDCs using the sliding fee ranges established by the Office of the Secretary of Defense (OSD).

**NOTE:** OSD will review the fee ranges annually.

- 3.1.1 Fees shall include all meals and snacks.
- 3.1.2 The fee scale shall be used when the child(ren) is/are enrolled in CDPs on a regular basis, including those regularly participating in scheduled part-day CDPs (preschool and school age).
- 3.1.3 Fee ranges do not apply to hourly care CDPs.
- 3.1.4 Commanding officers shall set fees within ranges provided.
- 3.1.5 Parents not willing to disclose family income will be required to pay fees in the highest income category.
- 3.1.6 Lower fees for parents participating in an approved parent participation program may be established. (See Section 7.)
- 3.2 Fees for each child enrolled for regular full/part-day care shall be established based on total family income (see Glossary). Each sponsor will certify that income includes total family income as defined.
- 3.2.1 Family income will be verified annually and individual fees adjusted accordingly using guidance issued by BUPERS (Pers-65).
- 3.2.2 Parents not providing required income documentation within a reasonable amount of time (minimum 1 month) will be required to pay the maximum fees.

Enclosure (1)



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## **FEES and CHARGES, cont.**

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- 3.2.3 Records of parents' income will NOT be kept on file and information will be kept confidential by the CDC staff.
- 3.3 Fees may be discounted up to 20 percent for additional children in the same family providing the charge is within the range for family income.
- 3.4 Commanding officers have the option of adjusting fees for vacation by annualizing fees to allow "paid vacation leave" (e.g., no fees during vacation).
  - Example: If weekly fee is \$46 and 3 weeks vacation will be allowed, multiply \$46 time 52 weeks to obtain the \$2392 annualized fee. Then divide \$2392 by 49 weeks (52 minus 3 weeks leave) to obtain an adjusted fee of \$48.80 per week.
  - NOTE:** It is recommended that leave time allowances be given in 5-day increments. Children's absence as a result of parent's Temporary Additional Duty should not be charged against vacation time.
- 3.4.1 Local policies, including requirements for parents to notify the CDC of absences, must be established.
- 3.5 On a case-by-case basis, commanding officers may, in their sole discretion, adjust an individual's fee or fee range based on hardship or other special circumstances (e.g., divorce, illness or loss of employment) which affects total family income.
- 3.6 During times of mass deployment, Pers-6 is authorized to grant exceptions to the fee policy to installations when such deployment severely impacts a family's need for child care and ability to pay.

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**FEES and CHARGES, cont.**

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- 3.7 Increases in fee ranges are authorized at those installations where child caregiver wages are impacted by a cost of living allowance (COLA) or pay comparability.
  - 3.7.1 These increases may not exceed the percentage amount of the COLA or pay comparability rate, whichever applies.
- 3.8 Activities located in areas affected by civilian pay increases or in areas where the installation must increase caregiver wages in order to compete in the local labor market are authorized to use the OSD optional high cost fee ranges.
  - 3.8.1 All activities using the authorized higher cost fee ranges must report this fact in the remarks section of the Semi-annual Report for the Child Development Center, NAVPERS 1700/11.
  - 3.8.2 The COLA and high cost fee ranges may not be used simultaneously.
- 3.9 Commanding officers may request, via the chain command, waivers to the OSD fee ranges.
  - 3.9.1 Request must be submitted to the Assistant Secretary of Defense (Personnel and Readiness) via Pers-6.
  - 3.9.2 Requests shall include documentation that the levels of direct APF support are at least equal to the amount of user fees collected.

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**FEES and CHARGES, cont.**

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- 3.10 Fee schedules will be published locally and parents notified at least 30 days in advance of implementation.
  - 3.10.1 Publication of the CDC and preschool fee schedules and fee schedule changes will be given widest possible dissemination.
  - 3.10.2 Parents shall sign a parent agreement that lists their fees for child care following each fee review. (See Forms Section.)
- 3.11 Verification of income used to determine fees may also be used to satisfy the USDA Child and Adult Care Food Program eligibility requirements.
  - 3.11.1 The CDC must, however, continue to collect and maintain family income data required by the USDA Child and Adult Care Food Program.
  - 3.11.2 USDA forms may not be used to provide verification of income or to determine fees.
- 3.12 FCC fees are determined by the provider and parent and should be agreed upon in writing prior to children being left the first time. Parents shall receive a written copy of fees and charges.
  - 3.12.1 Commanding officers should monitor FCC fees to ensure they are reasonable and consistent with the scope of services provided.
  - 3.12.2 In establishing fees, FCC providers should consider CDC fees, the services the FCC provider offers, and the length of time care is provided.
  - 3.12.3 When direct cash subsidies are provided, FCC fees shall be regulated by the commanding officer.

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## 4.0 INSPECTIONS

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- 4.1 Annual Inspections. Reference (a) requires that CDPs operated by or for DoD personnel be inspected four times a year. These inspections are to be unannounced. Three of these inspections shall be conducted locally and the fourth by higher headquarters personnel. The required inspections include:
- 4.1.1 One annual, unannounced local inspection conducted by a multi-disciplinary team appointed by the commanding officer.
  - 4.1.2 One annual, unannounced inspection conducted by Bureau of Naval Personnel (BUPERS) (Pers-65).
  - 4.1.3 One comprehensive fire and safety inspection per year conducted by local, qualified fire and safety personnel. Structural and maintenance standards shall be reviewed.
  - 4.1.4 One comprehensive health and sanitation inspection per year conducted by local, qualified personnel.

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## INSPECTIONS, cont.

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4.2 Multi-disciplinary team. At a minimum the multi-disciplinary team's procedures will ensure compliance with this instruction and consist of a comprehensive review of CDC and FCC operations. The FCC portion shall include 10 percent of the certified homes chosen randomly for an on-site inspection and review of program administration.

4.2.1 The inspection team will include but not be limited to qualified representatives from the following:

- Fire [this inspection can count as one monthly inspection (Section 21.12) or the annual comprehensive inspection]
  - Health/Sanitation [this inspection may count as one monthly inspection (Section 20.1) or the annual comprehensive inspection]
  - Family Services
  - Family Advocacy
  - Parent Advisory Board
  - CDC Director from another command, if applicable
- Each member of the team should be assigned a section of the CDP checklist for their area of expertise. The CDP inspection checklist is provided in Section 32.
  - Inspection team leader will be a designated representative of the commanding officer.
  - Inspection will follow the guidelines provided in CDP inspection checklist.
  - Team review should include but not be limited to SOPs, inspections and follow-up actions, child abuse and prevention measures (visitor sign-in, staff background checks, personnel screenings, etc.), food program, funding, child health records, and personnel training.

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**INSPECTIONS, cont.**

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- 4.2.2 Findings and recommendations of the multi-disciplinary team inspection shall be forwarded to the commanding officer.
- A copy of the inspection findings and recommendations will be given or forwarded to the cognizant department head.
  - A plan of action for correction of all discrepancies will be developed by cognizant department head and forwarded to the commanding officer. Commanding officers will ensure timely correction of discrepancies.
  - A copy of the annual CDP inspection findings and recommendations will be filed in the CDC for review during BUPERS inspections.
- 4.2.3 Commanding officers shall forward confirmation of compliance with this instruction to BUPERS (Pers-659) upon completion of the multi-disciplinary team inspection and correction of discrepancies.
- Recommend that the multi-disciplinary team inspection be conducted approximately 6 months after the BUPERS inspection.

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## INSPECTIONS, cont.

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4.3 Comprehensive BUPERS inspections. The BUPERS child development staff will conduct an annual, unannounced, in-depth inspection.

4.3.1 This inspection will ensure compliance with this instruction and, using the checklist provided in Section 32, will consist of a comprehensive review of:

- CDC
  - Facilities
  - Health and sanitation
  - Playgrounds
  - Local inspections/follow-up actions
  - Developmental programs
  - Equipment
  - Staffing
  - Training
  - Child abuse prevention
  - Food service
  - Parent participation
  - Parent interview/patron satisfaction
  - Administration
  - Ratios and group size
  - Records (including documentations of background investigations)
  - Fees/charges
  - Funding
- FCC
  - Developmental programs
  - Training
  - Equipment
  - Administration

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**INSPECTIONS, cont.**

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- Local inspections/follow-up actions
- Parent interview/patron satisfaction
- Records (including documentation of background investigations)
- Quality Review Board

- 4.3.2 These inspections shall be coordinated with the responsible Echelon 2/3 command or designee and include an in-brief with the commanding officer, if he/she so desires.
- 4.3.3 A handwritten copy of the inspection checklist shall be left with the commanding officer during the inspection out-brief. Appropriate actions shall be taken to correct deficiencies immediately.
- 4.3.4 A formal report of findings will be prepared and include a designation of an overall rating.
- CDPs receiving a rating of unsatisfactory will be reinspected within 90 days to verify corrections of deficiencies.
- 4.3.5 Any deficiencies impacting health, safety, or child abuse prevention identified on the previous year's inspection will result in an automatic unsatisfactory rating.
- 4.3.6 Findings and recommendations shall be forwarded via the responsible Echelon 2/3 command.
- 4.3.7 Within the time designated in the formal report, the command must provide documentation that identified deficiencies have been corrected. Documentation shall be forwarded to BUPERS (Pers-65) via the chain of command.



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**INSPECTIONS, cont.**

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4.3.8 BUPERS will report results of the inspections to the Assistant Secretary of Defense (Personnel and Readiness) who will make periodic, unannounced inspections of selected installations.

4.4 Monthly Inspections

4.4.1 Fire and Safety

- CDC Inspections. Qualified fire and safety personnel will conduct unannounced inspections each month. (See Section 21.)
  - A file copy of the inspection results will be left with the CDC director.
  - A file copy of the fire and safety report will be given/forwarded to the cognizant department head who will ensure timely correction of discrepancies.
- FCC Inspections. Local fire and safety inspector(s) shall conduct the initial and annual inspection of each home. The FCC coordinator/monitor shall review the fire and safety checklist during monthly unannounced home visits.
- One inspection a year shall be comprehensive and include facilities and maintenance.

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**INSPECTIONS, cont.**

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## 4.4.2 Health and Sanitation

- CDC Inspections. Qualified health and sanitation personnel will conduct unannounced inspections of CDC facilities each month. (See Section 20.)
  - A file copy of the inspection results will be left with the CDC director.
  - A file copy of the health and sanitation report will be given/forwarded to the cognizant department head who will ensure timely correction of discrepancies.
- FCC Inspections. The preventive medicine inspector shall conduct the initial and annual inspection of each home. The FCC coordinator/monitor shall review the health checklist during monthly unannounced home visits.
- One inspection a year shall be comprehensive and include a review of children's and personnel files.

- 4.5 Daily Inspections. The CDC director or designee shall conduct a daily examination of the facilities and playgrounds to identify health, safety and fire deficiencies and report deficiencies to the appropriate action officer. Action should be taken on all noted deficiencies within an appropriate amount of time.

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## **INSPECTIONS, cont.**

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4.6 Remedies for Violations. Life threatening violations to the provisions of this instruction or other health, safety and child welfare laws identified (in an inspection or otherwise) shall be remedied immediately or the CDC (or FCC home) shall be closed.

4.6.1 If the violation is not life threatening, the Echelon 2 commander under whom the installation operates may allow 90 days, beginning on the date of the discovery of the violation, for correction.

- If corrections are not made within 90 days the facility shall be closed.

4.6.2 When corrections cannot be made within 90 days (e.g., facility renovation is required), the commanding officer must submit a request to the Assistant Secretary of the Navy (Manpower and Reserve Affairs) who may waive the requirement to close.

- The waiver request must be submitted in sufficient time to receive a response prior to the end of the 90-day Echelon 2 waiver.
- Requests shall be submitted via chain of command and BUPERS (Pers-6). Waivers to facility fire and safety violations must also be endorsed by Commander, Naval Facilities Engineering Command (COMNAVFACENGCOM) (Code 04F) and include a description of compensating measures pending completion of corrections.
- Requests shall include a description of the deficiency, plan of action and milestones with date(s) corrections will be completed.

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**INSPECTIONS, cont.**

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- 4.6.3 The Committees on Armed Services for the Senate and House must be notified by the Secretary of the Navy when a CDC is closed for failure to correct violations. This report shall include notice of the violation that resulted in the closing, cost of remedying the violation, and a statement of why the violation has not been remedied at the time of the report. A copy of the report shall be provided to the Assistant Secretary of Defense (Personnel and Readiness) or designee.

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## **5.0 INSTRUCTIONS & STANDARD OPERATING PROCEDURES (SOPs)**

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- 5.1 Local instructions and SOPs shall be developed and updated as necessary to ensure cost effective management, safe facilities, healthy environments, and developmentally appropriate programs.
- 5.1.1 Local instructions and SOPs shall be developed in coordination with the appropriate base offices.
- 5.1.2 Local instructions and SOPs shall be available to all patrons, CDC employees and command representatives.
- 5.1.3 The instructions and SOPs shall, at a minimum, cover the following areas:

### **Program Operations**

- Hours
- Holidays
- Openings for special events
- Patron eligibility/priority
- Admission policy
- Registration/withdrawal requirements and procedures
- Child release procedures and late pick-up policy
- Fees and charges
- Waiting lists
- Vacation and sick days
- Illness and readmission policies
- Medications
- Accident reporting
- Child abuse prevention, identification and reporting
- Staffing
- Training
- Field trips
- Parent participation
- Patron satisfaction and grievance
- Advising parents on communicable diseases

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## **INSTRUCTIONS & STANDARD OPERATING PROCEDURES (SOPs), cont.**

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- Emergency and contingency plans:
  - Natural disaster
  - Alerts
  - Mobilization and other mission support
- Developmental plan and programming
- Discipline and touch policy

### **Program Administration**

- Financial management
- Cash controls
- Fees and charges
- Registration and enrollment
- Record keeping and data management
- USDA reporting
- Background checks
- Quality assurance
- Inspections
- Janitorial and maintenance
- FCC certification, revocation and denial
- Resource and referral

### **Security**

- Cash handling
- Facility access control

### **Fire and Safety**

- Emergency response
- Evacuation and fire drills

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**INSTRUCTIONS & STANDARD OPERATING PROCEDURES (SOPs), cont.**

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5.2 Program policies and procedures shall be made available to all personnel in the form of an employee handbook which at a minimum covers:

- Organization and chain of command
- Code of ethics
- Pay and time keeping
- Probation and evaluation information
- Grievance/appeal procedures
- Annual and sick leave
- Dress code
- Staffing requirements
- Work and meal breaks
- Training requirements
- Screening and health requirements
- Smoking policy
- Food service policy
- Fire/health and safety policies
- Emergency and disaster plans and procedures
- Program objectives
- Discipline policy
- Child abuse reporting requirements
- Listing of emergency phone numbers to include:
  - Fire department
  - Medical treatment facility
  - Military police/security
  - Community health nurse
  - Family advocacy point of contact
  - Poison control center
  - Child protective services
  - DoD child abuse hot line

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## **INSTRUCTIONS & STANDARD OPERATING PROCEDURES (SOPs), cont.**

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5.3 Parents shall be provided a handbook which includes, but is not limited to the following areas:

- Titles and phone numbers of key personnel (center and MWR)
- Complaint procedures
- Patron eligibility
- Hours of operation
- Fee policy and late charges
- Admission and withdrawal policies and procedures
- Health requirements, illness and medications
- Emergency and disaster plans and procedures
- Child abuse prevention, identification, and reporting requirements
- Discipline and touch policy
- Program goals and objectives
- Daily schedules and activities
- Parent participation, involvement and conferences
- DoD child abuse hot line number

5.4 Appropriate forms shall be developed to regulate operational procedures to include:

- Daily inspections
- Child enrollment and health
- Accident reports
- Administration of medications
- Reports to parents
- Payment receipt
- Training records and background checks
- Parent and visitor sign in/out
- Classroom attendance
- Anecdotal reports on children



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**INSTRUCTIONS & STANDARD OPERATING PROCEDURES (SOPs), cont.**

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- 5.5 Administrative procedures shall include a record keeping system that includes:

Information on each child enrolled for regular care

- 5.5.1 A separate file shall be maintained on each child. All health, registration, phone numbers and child release information shall be reviewed and updated at least annually. Anecdotal records and observations on each child should be maintained in files. Field trip release forms and photo release forms shall also be maintained.

Personnel records

- 5.5.2 A copy of the current family care plan on each child enrolled on a regular basis whose sponsor is required to have such a plan (OPNAVINST 1740.4) shall be maintained. This requirement applies to single parents and dual military couples.
- 5.5.3 An individual file on each employee in the CDC shall be maintained that contains position title and description, documentation of health screening, emergency phone numbers, training records, pay-banding information, documentation of completed background screening, and receipt of discipline policy.

Information for the required semi-annual report

- 5.5.4 This report must be made on NAVPERS 1700/11, (Rev. 11/90) and 1700/12 (11/90) and forwarded to Bureau of Naval Personnel (Pers-659) within 10 working days from the end of each report period.

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**INSTRUCTIONS & STANDARD OPERATING PROCEDURES (SOPs), cont.**

5.5.5 Report periods are from 1 October through 31 March and 1 April through 30 September.

- Forms and preparation instructions are found in Section 32.

Attendance and staffing records by classroom

5.5.6 Staff schedules and time reports.

5.5.7 Parent sign in/out sheets with times.

5.5.8 Daily attendance records.

Inspections

5.5.9 Results of monthly fire and health inspections and corrective actions taken shall be maintained.

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## 6.0 GUIDANCE ON CARE OF CHILDREN WITH SPECIAL NEEDS

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6.1 Children with special needs include, but are not limited to, those which are:

- Gifted
- Physically handicapped
- Audio-visually disabled
- Mentally retarded
- Chronically ill (having asthma or other conditions, including epilepsy, heart and kidney problems)
- Required to have special diets
- Emotionally and perceptually disabled

6.1.1 No child who meets the basic age and eligibility requirements may, solely on the basis of handicap, be excluded from programs when reasonable accommodation can be made to meet the special needs of the child.

6.2 The goal of CDPs is to provide services to special needs children without limiting or seriously impacting the availability of child care. Any special needs child enrolled in full-day care or regular part-day care (CDC or FCC) must provide documentation of participation in the Exceptional Family Member Program (EFMP) as evidenced by BUPERS (Pers-662D) letter of acceptance.

6.3 The ability of a program to reasonably accommodate a special needs child will be determined locally.

Enclosure (1)

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## **GUIDANCE ON CARE OF CHILDREN WITH SPECIAL NEEDS, cont.**

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6.4 A team of cognizant personnel shall make an assessment and report to the commanding officer on the program's ability to accommodate a special needs child.

6.4.1 The team should include, but is not limited to:

- Program administrator
- CDC director
- FCC coordinator/monitor
- MWR director
- EFMP officer
- Medical personnel
- Family counselor

6.4.2 The report to the commanding officer should include:

- A statement from the child's physician specifying the child's requirements in terms of diet, medication, appliances, communication aides, and self-care assistance and a coordinated treatment strategy developed by personnel familiar with the child's treatment. (A copy of this statement should be kept on file in the child's records.)
- The impact of required accommodations on the CDP.
- Special accommodations which the facility/home and staff must make to accept the child.

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**GUIDANCE ON CARE OF CHILDREN WITH SPECIAL NEEDS, cont.**

- Specific training required to ensure the child's safety and well being (this training must be accomplished prior to placement as a pre-condition to providing care for special needs children).
- 6.5 The results of the assessment should be reported to the commanding officer who will determine if the accommodations are reasonable.
- 6.5.1 Accommodations include, but are not limited to:
- Ramps
  - Accessible bathrooms
  - Drinking fountains
- 6.5.2 The costs of providing such services may not be charged solely to the parents of the special needs child.
- 6.5.3 Such additional costs will be incorporated in the CDC's overall expenses and fee structure. Fees must remain within authorized ranges.
- 6.6 Parents must acknowledge in writing their understanding that the program is not responsible for providing the child with services beyond those typically offered enrolled children.
- 6.6.1 The commanding officer's decision to accept the child for care must be made in consideration that all the accommodating factors (Section 6.5) can be met without detrimental effect on programs for other children enrolled.

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**GUIDANCE ON CARE OF CHILDREN WITH SPECIAL NEEDS, cont.**

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6.6.2 If it is determined that accommodation of the special needs child would impose an undue hardship on the operation of the CDP, approval to not provide service must be requested through BUPERS (Pers-65), from ASN (M&RA) or designee.

6.6.3 The request shall include:

- Information on the overall size of the CDP
- The number of employees
- Number and type of facilities
- Budget
- Nature and cost of the required accommodation

**NOTE:** Examples of undue hardship are:

- Additional staff or staff training in highly specialized areas (e.g., physical therapy)
- Significant facility improvements or changes
- Additional equipment or other requirements that involve significant expenditures or impose an undue administrative or operational burden on the CDP
- Jeopardizing the safety of other children

6.6.4 A permanent record of the commanding officer's decision and BUPERS action will be maintained on file and will be subject to inspection review.

6.7 Navy CDC staff or FCC providers shall not provide individual or group therapy or perform medical procedures regardless of their individual qualifications.

6.7.1 Such services may be provided by other qualified agencies in the CDC or FCC home when approved by the Exceptional Family Member Case management team.

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**GUIDANCE ON CARE OF CHILDREN WITH SPECIAL NEEDS, cont.**

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- 6.8 Medication may be administered by CDC staff/FCC providers to any child attending a CDC or FCC home under all of the following circumstances:
- 6.8.1 Only topical and oral medications shall be administered.
  - 6.8.2 The determination is made that parent(s), family members or trained health professionals cannot be available to administer medication on schedule.
  - 6.8.3 Specifics of the type and schedule of medication should be discussed during the pre-admission conference based on information provided by the physician or other knowledgeable health care provider.
  - 6.8.4 In cases where the physician indicates a need for special instruction in techniques for administering medication, the CDC staff/FCC providers must be trained to administer such medication (e.g., by the base hospital).
  - 6.8.5 There is a minimum of two persons on staff who are designated to administer medication and knowledgeable of procedures or requirements. (In FCC the provider and the back-up provider shall be knowledgeable.)
  - 6.8.6 There shall be a written daily record of the date, type, time and amount of medication given and the signature of the person administering the medication.
  - 6.8.7 Medication shall be provided in the appropriate form and quantity by the parent(s) on a daily basis. No medications shall be maintained by the CDC or FCC provider beyond the current day of attendance.

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**GUIDANCE ON CARE OF CHILDREN WITH SPECIAL NEEDS, cont.**

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- 6.8.8 A signed statement from the prescribing physician shall be presented that certifies that the medication is necessary and provides information concerning the type, dosage, time(s) of day, and duration of the time medication is to be administered.
- 6.8.9 A written authorization from the parent(s) acknowledging the need and requirements to administer the medication shall be kept on file.
- 6.9 Parent(s) with children who have special dietary needs shall be provided with the CDC's/FCC home's menus in advance. It is the parents' responsibility to make appropriate substitutes when necessary.
- 6.10 Training in the care for and the understanding of children with special needs shall be included in the CDC/FCC training plan if care for special needs children is provided.
- 6.11 New construction and renovations of existing child development facilities shall include reduction of architectural barriers (e.g., exits, stairs, narrow doorways, and heads which cannot accommodate wheelchairs). The need to modify quarters shall be considered when determining the suitability of a FCC provider for a special needs child.
- 6.12 Liaison shall be established with a nearby medical facility capable of providing emergency support in the event of emergency. CDC staff and FCC providers must be knowledgeable in how to reach and obtain this help with minimum difficulty. Availability of emergency support shall be a factor in assessing the program's ability to care for a special needs child.



## **7.0 PARENT ADVISORY BOARDS & PARENT PARTICIPATION**

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- 7.1 The Navy recognizes that parents have primary responsibility for the health, safety and well-being of their children. In an effort to facilitate a parent/CDC/FCC partnership for the welfare of the child(ren), CDPs shall establish a Parent Advisory Board composed of parents of children enrolled in all installation programs.
  - 7.1.1 One parent shall be selected as chairperson.
  - 7.1.2 The majority of the members of the Parent Advisory Board must be parents.
  - 7.1.3 The CDP director and/or FCC coordinator, family advocacy representative, commanding officer or designee, and other installation representatives, (e.g., Public Works, Health and Safety, Dietician, Medical Advisor) shall be included on the advisory board.
  - 7.1.4 Meetings should be open to all parents. Minutes of the meetings shall be forwarded to the commanding officer.
  - 7.1.5 Parent advisory boards shall be formally established and chartered in accordance with OPNAVINST 5420.27J. Parent advisory boards are not advisory committees under the Federal Advisory Committee Act, Section 805 of the Military Family Act of 1985, as amended.

Enclosure (1)

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## **PARENT ADVISORY BOARDS & PARENT PARTICIPATION, cont.**

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- 7.2 The Parent Advisory Board shall act only in an advisory capacity and shall not engage in the management and operation of the CDP.
- 7.2.1 A function of the board is to provide recommendations for improving services.
- 7.2.2 The board's recommendations shall be forwarded through the CDP director to the commanding officer for review and disposition.
- 7.2.3 The board shall meet periodically with the program administrative staff and the commanding officer's representative for the purpose of discussing problems and concerns and ensuring frequent communication.
- 7.2.4 The board, with the advice of the program administrative staff, shall be responsible for coordination of the parent participation plan described in Section 7.3.
- 7.2.5 It is recommended that the advisory board meet at least quarterly.
- The minutes shall be approved by the commanding officer or designated representative.
- 7.2.6 A member of the board should participate in the commanding officer's multi-disciplinary inspection team.
- Information on this inspection is contained in Section 4.

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**PARENT ADVISORY BOARDS & PARENT PARTICIPATION, cont.**

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- 7.3 Each CDP shall have a parent participation program. One program administrative staff member (e.g., CDC director, assistant director or training/curriculum specialist) shall be assigned as parent participation coordinator and have primary responsibility for the parent participation program. This staff person shall receive training in adult and parent education techniques.
- 7.3.1 Each CDC shall have a plan that encourages parent participation in their child(ren)'s CDP. The plan shall include:
- Parent participation policy statement
  - Goals and objectives
  - Parent education including ages and stages of children's development and parenting skills
  - Parent communication with staff (e.g., conferences, newsletters, handbooks and daily interaction)
- 7.3.2 The Parent Advisory Board shall work with the parent participation coordinator to develop the plan and oversee its implementation.
- 7.3.3 The plan for parent participation shall encourage parents to volunteer in child development program activities (e.g., special events). These include but are not limited to:
- Field trips
  - Holiday events
  - Special curriculum programs
  - Small group activities
  - Special projects
  - Parent education programs
  - Training workshops
- 7.3.4 Child abuse education for parents shall be offered as part of the parent participation plan.

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**PARENT ADVISORY BOARDS & PARENT PARTICIPATION, cont.**

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- 7.4 Parents shall have unrestricted access to their child(ren) and shall have an opportunity to talk to the child(ren)'s primary caregivers when the child arrives and departs.
  - 7.4.1 Parents shall be informed of their child(ren)'s activities and be provided opportunities to observe the program.
  - 7.4.2 The parents of children under the age of 2 years shall be provided with information on the child(ren)'s sleeping and eating habits as well as other pertinent information on a daily basis.
- 7.5 A parent conference shall be held at least annually.
- 7.6 Program personnel shall provide timely and appropriate response to parent complaints, allegations of child abuse/neglect and inquiries to any aspect of the program.
- 7.7 Parent participation is strictly voluntary and shall not be required as a condition of enrollment.
- 7.8 A copy of this instruction and local SOPs shall be made available to parents.

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## **8.0 CHILD ABUSE/NEGLECT (REPORTING & PREVENTION)**

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- 8.1 Child abuse/neglect cases are often identified in the CDP setting. The suspicion or identification of child maltreatment or abuse carries significant responsibilities for program personnel.
  - 8.1.1 It is Navy policy to provide comprehensive and coordinated programs to prevent child abuse and promote early identification and intervention in cases of alleged abuse.
  - 8.1.2 Employees, volunteers and FCC providers shall receive training in child abuse/neglect reporting laws of the state, territory or country where the CDP is located.
  - 8.1.3 Each CDP's standard operating procedures shall include procedures for reporting cases of suspected child abuse and neglect.
  - 8.1.4 CDPs shall ensure that parents are informed, in writing, of child abuse prevention, identification, and reporting requirements.
- 8.2 The Family Advocacy Committee is comprised of representatives from Navy and civilian agencies and organizations likely to be involved in family advocacy cases or issues. (Refer to SECNAVINST 1752.3.)
  - 8.2.1 The director/administrator shall serve on the committee.

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**CHILD ABUSE/NEGLECT (REPORTING & PREVENTION), cont.**

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- 8.3 A medical facility social worker is designated as the local Family Advocacy Representative (FAR) and is the point of contact for all family violence (including child abuse) reports.
- 8.3.1 Reporting requirements for suspected cases of child abuse/neglect shall be carefully followed according to the local family advocacy protocol.
- See Section 8.5.
- 8.3.2 If child abuse or neglect is suspected or identified within a child care setting, the staff member/FCC provider is required by law and Navy policy to report the suspected/alleged abuse/neglect to the FAR or civilian child protective services immediately.
- The FAR shall contact civilian authorities and other base offices as necessary.
- 8.3.3 All incidents and subsequent action shall be documented by appropriate individuals.
- If the FAR is not immediately available, call the local community child protective service.
  - Every state requires reporting of known or suspected child abuse/neglect.
  - CDC employees and FCC providers are mandated reporters of abuse/neglect and face legal penalties for failure to report known or suspected abuse/neglect. Supervisors/FCC coordinator shall be informed when a report is made.
- 8.3.4 The CDP director/FCC coordinator is responsible for ensuring that there is complete follow through on any suspected cases reported by the staff and shall work in coordination with the FAR and the appropriate military and civilian agencies.

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**CHILD ABUSE/NEGLECT (REPORTING & PREVENTION), cont.**

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- 8.4 Local telephone numbers for reporting child abuse/neglect and the DoD child abuse hot line number shall be posted in all facility lobbies and FCC homes and available to staff and parents for reporting child abuse/neglect.

- Installation Family Advocacy Office \_\_\_\_\_
- Child Protective Services \_\_\_\_\_
- DoD hot line: \_\_\_\_\_

## CONUS:

Alaska, Hawaii, Puerto Rico 1-800-336-4592

## OCONUS:

Guam	<u>01-800-164-8003</u>
Italy	<u>1678-70-154</u>
Japan	<u>0031-11-1821</u>
Spain	<u>900-99-1107</u>
United Kingdom	<u>0800-89-7478</u>

- 8.4.1 The purpose of the hot line is to provide an opportunity for parents to report suspected child abuse/neglect or fire, health, or safety violations in FCC or CDCs.

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**CHILD ABUSE/NEGLECT (REPORTING & PREVENTION), cont.**

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- 8.5 Allegations of child sexual abuse occurring within Navy sanctioned CDPs have wide ranging consequences.
- 8.5.1 Primary consideration in such cases must be given to the welfare of children as well as to the community in general.
- 8.5.2 Child sexual abuse in a Navy sanctioned out-of-home care setting requires an immediate report.
- 8.5.3 The commanding officer shall ensure that the Bureau of Naval Personnel (Pers-65/Pers-66) is notified by message within 24 hours of the actual or alleged occurrence of child sexual abuse in command-sponsored CDC or FCC programs.
- The message, with information copies to chain of command, should include details of the incident and the status of case investigation.

**NOTE:** See sample message format in Section 32.

- This report is assigned report control symbol, BUPERS 1700-2.

**NOTE:** Status reports shall be forwarded detailing significant additional follow-up information until a final report is submitted.



**CHILD ABUSE/NEGLECT (REPORTING & PREVENTION), cont.**

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8.6 Allegations of physical abuse perpetrated by CDC employees or FCC providers shall be reported to Pers-65.

8.6.1 Incidents requiring medical treatment shall be reported by message within 24 hours.

8.6.2 Incidents not requiring medical treatment shall be reported by letter within 7 days.

8.6.3 Reports should include details of the incident, status of investigation and actions taken.

**NOTE:** In cases requiring medical treatment, periodic status reports shall be forwarded detailing significant follow-up information until a final report is submitted.

8.7 At a minimum the following actions shall be taken in addition to the required reports:

8.7.1 Report the case to the FAR at the nearest medical treatment facility or Family Service Center and to Naval Investigative Service Command (NISCOM).

8.7.2 Immediately reassign CDC caregiver(s) to duties not involving children (personnel records should not reflect an allegation) until the investigation is complete.

8.7.3 In the case of FCC, immediately remove all child care children from the home.

8.7.4 To manage the case locally, use the family advocacy case review subcommittee with investigative support from Naval Criminal Investigative Service (NCIS) and legal advice from the Staff Judge Advocate for the officer exercising General Court-Martial jurisdiction in the area in which the case occurred.

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**CHILD ABUSE/NEGLECT (REPORTING & PREVENTION), cont.**

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- 8.7.5 In allegations of sexual abuse, if there appears to be multiple victims, request assistance promptly from Bureau of Naval Personnel (Pers-66).
- 8.7.6 The local public affairs office (PAO) is the official media contact for any incidents occurring in the CDPs, and has overall responsibility for handling inquiries from the press.
- 8.8 Training in the identification and dynamics of child maltreatment shall be provided to CDC staff, FCC providers and parents (Module 14 of Navy Caregiver Training Program or the Child Abuse Training Module for Military Family Child Care Providers).
- 8.8.1 Training will be generic in nature and will focus on the following:
- Defining child abuse and neglect
  - Different types of abuse
  - Signs and causes of abuse
  - Identification, reporting and prevention
  - Understanding the importance of strong parent program partnership
  - Measures CDC staff and FCC providers take to minimize the risks of abuse
  - Touch policy

**27 OCT 1994****CHILD ABUSE/NEGLECT (REPORTING & PREVENTION), cont.**

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- 8.8.2 New staff shall receive training within 60 days of coming on board. Training shall be updated annually. Parent training sessions will be provided at least annually.
- 8.8.3 CDPs should have a library of resources (e.g., books, pamphlets) addressing child abuse/neglect available to both staff and parents.
- 8.9 CDC staff shall have a knowledge of the Navy's Family Advocacy Program (FAP) as outlined in SECNAVINST 1752.3 and OPNAVINST 1752.2.
- SECNAVINST 1752.3 provides guidelines for the establishment of FAPs on Navy bases.
- 8.10 All personnel providing care or service to children shall be screened for a history of child abuse/neglect. (See Section 10.)
- 8.11 To help prevent child abuse in CDCs, all areas shall have a window, vision panel or other means of visual access to allow viewing from the outside and/or hallways. Places and opportunities for removing children from the view of others shall be limited.
- 8.11.1 There shall be no art work, draperies or blinds placed over the windows that impede viewing.
- 8.11.2 Doors on toilet stalls for children under 5 years of age shall be half doors or be removed. Doors to all bathrooms used by children shall permit visibility.
- 8.11.3 Diapering areas shall be located so they are visible to other adults.

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**CHILD ABUSE/NEGLECT (REPORTING & PREVENTION), cont.**

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- 8.11.4 Doors to outdoor storage areas shall be visible from the main building and should have vision panels if feasible.
  - 8.11.5 No rooms shall be completely darkened during periods when children are present.
  - 8.11.6 Convex mirrors shall be installed to improve supervision in low visibility areas.
  - 8.11.7 Facilities renovated or constructed after 1 October 1993 shall include large vision panels in rooms used for care when walls are constructed or replaced. (Panels in fire rated walls must conform to fire protection requirements.) Walls around toilet stalls for children under 5 years shall be half walls. All outdoor play areas should be viewed from the activity room.
- 8.12 Access to children by individuals not employed by the program shall be limited. A reception desk will be located and staffed to permit viewing of main entrances. Exterior doors, other than main entrance and kitchen entrance, that do not open to a fenced area shall be properly secured or alarmed to alert staff of unauthorized entry or exit. Playground gates shall be secured to prevent unauthorized entry.
- 8.12.1 All visitors shall be required to sign in and out of the CDC. Parents are required to sign children in and out of the CDC either at the front desk or at the classroom.
  - 8.12.2 Parents shall be permitted access to the areas in which their child is receiving care. Parents must take their child(ren) to the room in which the child(ren) will receive care.
  - 8.12.3 Staff and volunteers shall wear name tags and/or identifying apparel.

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**CHILD ABUSE/NEGLECT (REPORTING & PREVENTION), cont.**

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- 8.12.4 At least two caregivers shall be present in each classroom at all times or comparable measures, such as video surveillance, shall be taken. Video surveillance monitors should be located where they can be constantly observed (e.g., reception or administrative areas).
  - 8.12.5 Caregivers with a completed Installations Records Check, but without a completed background investigation, shall work in line of sight of staff with a completed background investigation. A system for identifying staff without completed checks (e.g., different colored name tags, smocks, shirts, etc.) should be implemented.
  - 8.12.6 Extra precautions shall be taken during weekend and evening care to facilitate supervision and allow visual access of children by parents when entering and leaving the facility.
- 8.13 Inappropriate discipline techniques frequently lead to allegations of child abuse against caregivers and FCC providers. Each CDP shall have a written discipline policy. Programs shall also have a touch policy that is designed to inform staff of the boundaries for appropriate and inappropriate touch.
- 8.13.1 The discipline policy shall be designed to assist the child in developing self-control, self-respect, and respect and consideration for the rights and property of others. Clear behavior limits for children shall be established based on positive guidance (what to do vice what not to do) and redirecting children toward desired activities.

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**CHILD ABUSE/NEGLECT (REPORTING & PREVENTION), cont.**

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- 8.13.2 Corporal punishment or any humiliating or frightening punishment is forbidden. The use of corporal punishment by any CDC employee or FCC provider is grounds for immediate dismissal/decertification. This includes:
- Spanking
  - Hitting
  - Slapping
  - Pinching
  - Shaking
  - Any other form of physical punishment
- 8.13.3 Verbal abuse, threats and derogatory remarks are forbidden.
- 8.13.4 Restricting the child's movements or placing the child in a confined space, as a form of punishment, is forbidden.
- 8.13.5 Withholding or forcing meals, snacks, or naps is also forbidden.
- 8.13.6 Children shall not be punished for lapse in toilet training.
- 8.13.7 All personnel shall be provided and acknowledge receipt of a copy of the discipline policy prior to working with children. Appropriate personnel actions should be taken for failure to comply with discipline policy.
- 8.13.8 CDC personnel and FCC providers shall receive on-going training in discipline techniques.

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## 9.0 CASH HANDLING/CONTROLS

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9.1 CDC director shall review and ensure compliance with all applicable cash handling, security and internal control policies.

9.1.1 Review all local MWR SOPs regarding:

- Cash register procedures
- Change funds
- Petty cash
- Daily Activity Records (DARs)
- Transportation and security procedures for transfer or turn-in of cash receipts to safe or depository
- Collection of overdue accounts

9.1.2 Review security for transportation of cash in NAVSO P-3520, Financial Management Policies for Morale, Welfare and Recreation Programs.

9.1.3 Review cash handling security in NAVCOMPT Manual P-1000, Vol. 4 for:

- Physical security
- Transporting

9.1.4 Review Recreation and Mess Central Accounting System (RAMCAS) User Handbook regarding:

- Revenue reporting procedures

9.1.5 Review NAVSO P-3520, paragraph 362, Accounts Receivable and the RAMCAS User Handbook.

Enclosure (1)

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## **CASH HANDLING/CONTROLS, cont.**

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- 9.2 CDC directors shall ensure authorized change fund(s) are obtained as needed and are properly maintained per NAVSO P-3520, Financial Management Policies for Morale, Welfare and Recreation Programs and NAVCOMPT Manual P-1000, Vol 4.
- 9.2.1 Upon receiving the change fund, verify the amount and sign a receipt.
- Receipt original stays with issuing person.
  - Receipt copy goes with person receiving change fund.
  - Permanent Change Fund. If the fund is separated from the cash receipts at the end of a shift and secured to be reused by the same person on their next shift, then the receipt copy normally stays with the change fund recipient until they are relieved of their position requiring use of change fund. Change fund recipients get their original receipt back when they ultimately turn in their change fund.
  - Temporary Change Fund. If the change fund is dropped with the cash receipts at the end of a shift, then the change fund receipt copy is left with the dropped fund. In this case the original receipt is not returned to the change fund recipient. On the next shift the whole process is repeated, i.e., change fund recipients verify their newly issued fund, signs a receipt and keeps the copy. ALTERNATE: If the change fund is turned in to a designated person at the end of a shift, the designated person will know the amount of change fund to expect and will return the original receipt and/or sign for the change fund being turned over.



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**CASH HANDLING/CONTROLS, cont.**

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- 9.2.2 Sign Letter of Acceptance or Responsibility for the change fund. (See sample on next page.)
- 9.2.3 Secure change fund in locked space in accordance with local operating procedure.
- Change funds may not be removed from their assigned locked space except when in use.
  - Change funds may NOT be taken home.
  - Change funds may NOT be secured in personal vehicles for security storage.
  - No employee is authorized access to another employee's change fund.
  - Discrepancies in change funds will be investigated and may lead to disciplinary action.

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## CASH HANDLING/CONTROLS, cont.

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- 9.2.4 If it becomes necessary to use money from the change fund to obtain smaller denomination change, a signed receipt must be left with the change fund until the money is returned. This receipt must include the date, time, and amount being used to get change. Change may be obtained only from authorized sources.

### SAMPLE LETTER OF ACCEPTANCE

#### ACCEPTANCE OF RESPONSIBILITY

1. I, \_\_\_\_\_, hereby acknowledge that I have been entrusted with the handling of MWR funds and that I am fully aware of my responsibilities.
2. I understand that this change fund will be used only to make change in Navy MWR facilities and that at all times the entire amount of the change fund will be available for surprise audits and inspections.
3. I understand that the change fund will be stored in the cash register or locked safe/compartments/container during my shift and that I will maintain custody of the cash register/security compartment/cash container at all times when it contains these funds.
4. I understand that change funds are to be stored in my assigned locked safe/compartments/container, turned into the duty manager or deposited in the drop safe at the end of my shift in accordance with the current published Standard Operating Procedure for cash handling in the Child Development Services Center.
5. I understand that personal use of the change fund is absolutely prohibited.
6. I will immediately report to my supervisor if there is any apparent tampering with the locked compartment or loss of funds.

I fully understand and accept all of the above conditions.

_____ Cashier	_____ Date
_____ Witness	_____ Date

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**CASH HANDLING/CONTROLS, cont.**

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- 9.3 Management, supervisory and authorized change fund custodians shall be trained in the following change fund handling requirements.
- ☐ How to obtain an authorized change fund.
  - ☐ How and when to use money from your change fund.
  - ☐ How to prepare a receipt for currency removed from the change fund to obtain smaller denomination change to include:
    - Authorized change fund custodian's signature
    - Date currency removed
    - Time currency removed
    - Amount being used to buy change
  - ☐ How to replace the removed currency with a signed receipt.
  - ☐ Requirements to obtain change from authorized sources only.
  - ☐ Ensuring that the amount of purchased change equals the amount of the removed change fund currency.
  - ☐ Counting the amount of purchased change received into the change fund.
  - ☐ Ensuring that the amount of purchased change matches the amount on the receipt and that the total of the change fund is the same as originally issued.
  - ☐ Removing and destroying the receipt.
  - ☐ Transportation and physical security of change funds.

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## **CASH HANDLING/CONTROLS, cont.**

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9.4 Management, supervisory and cash handlers shall be trained in the following cash handling/transaction techniques.

- ☐ Local fees and charges.
- ☐ Customer service procedures and techniques.
- ☐ Fee/charge collection.
  - Check Preferred - follow local check acceptance and processing policies.
  - Charge If authorized by local policy and CDC is equipped to process credit card charges)
  - Cash
- ☐ How to count and verify collection.
- ☐ How to count and verify change.
- ☐ Examining currency for obvious irregularities.
- ☐ Accepting checks as payment for Child Development Center service to include:
  - Checks written by adult patrons only
  - No two-party checks
  - No post-dated checks
  - No checks for more than the amount of the charge or as specified by local policy
  - No amount alterations or corrections (other corrections must be initialed by the patron)
  - Proper signature
  - Verification of check imprint data
  - Check written to "MWR FUND"
  - Correct endorsement procedures

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**CASH HANDLING/CONTROLS, cont.**

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9.5 Management, supervisory and cash handlers shall be trained in the following cash securing/accounting techniques.

☐ How to secure and account for the daily sales transactions with regard to:

- Change fund
- Daily Activity Record Forms (NAVCOMPT 2211)
- Cash handling device
  - Cash bag
  - Cash envelope
  - Cash box, etc.
- Checks
- Cash receipt vouchers
- Control sheets
- Cash receipts
- Cash register tapes, etc.

☐ How to deposit cash.

☐ Requirements for armed escorts for transporting cash.

☐ Physical security requirements for transporting cash.

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**CASH HANDLING/CONTROLS, cont.**

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- 9.6 Management, supervisory and cash handlers shall be trained in the following petty cash fund handling/transaction techniques.
- ☐ Maximum amount of a petty cash fund
  - ☐ Maximum amount authorized for a single transaction
  - ☐ Maximum amount authorized for an emergency transaction
  - ☐ Authorized/Unauthorized use of petty cash fund
  - ☐ Prohibition of purchase splitting for the purpose of circumventing petty cash purchase limitations
  - ☐ Purchasing procedures using petty cash
  - ☐ Petty cash fund administrative records and procedures
- 9.7 The commanding officer will authorize in writing the establishment of a Petty Cash Fund and, if needed, specify the amount authorized.
- 9.8 The Child Development Services Center Director will determine the amount needed for operation.
- 9.8.1 The MWR Director will designate the child services employee responsible for the CDC Petty Cash Fund.
  - 9.8.2 The total amount of cash in the petty cash fund plus the total of the authorized paid petty cash vouchers must always equal the amount issued to the petty cash fund custodian.

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## 10.0 CRIMINAL HISTORY BACKGROUND CHECKS

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10.1 Overview of Criminal History Background Checks. All individuals, regardless of employer, involved in child care services shall have completed background checks. CDCs, part-day preschool and enrichment programs, FCC providers, and contracted services shall have background checks as specified. Existing and newly hired individuals shall be notified of the requirement for a review of personnel and security records. This will include:

- Federal Bureau of Investigation-Identification Division (FBI-ID) fingerprint check
- State Criminal History Repositories (SCHR)
- Installation Record Checks (IRCs)

10.1.1 This notification shall be in writing and include a question asking whether the individual has ever been arrested for or charged with a crime involving a child. If so, a description of the arrest or charge must be included.

10.1.2 The results of the background checks shall be communicated to the requesting installation/office for appropriate action. A derogatory report would include but not be limited to the following applicable crimes:

- Any conviction for a sex crime
- An offense involving a child victim
- A substance abuse felony
- A violent crime

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## **CRIMINAL HISTORY BACKGROUND CHECKS, cont.**

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- 10.1.3 Personnel shall be advised of proposed disciplinary action, decertification, or refusal to hire if disqualifying derogatory information is contained in a suitability investigation.
- Employees shall have the right to obtain a copy of a derogatory background check report and be given the opportunity to challenge the accuracy and completeness of reported information.
  - The hiring authority is responsible for notifying individuals of a derogatory report.
- 10.1.4 Prior to completion of all background checks, individuals with direct contact with children shall, when children are present, work within sight and under the supervision of an individual whose background check has been successfully completed. Once the individual is cleared, the requirement for within sight supervision may be terminated. Personnel shall be informed that a derogatory report shall result in removal from the position.
- Some means of readily identifying staff without completed background checks shall be used (e.g., different colored name tags, smocks, shirts, etc.).
- 10.1.5 Documentation, including date the check was initiated, returned, and results, shall be on file with the personnel office. This information shall be made available to all inspecting agencies.

### **10.2 Responsibilities for Conducting Checks**

- 10.2.1 Fingerprint Checks. Law enforcement personnel are required to complete the required forms and forward through channels to the Office of Personnel Management (OPM) or Defense Investigative Service (DIS) for processing of FBI fingerprint forms.



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**CRIMINAL HISTORY BACKGROUND CHECKS, cont.**

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10.2.2 State Criminal History Repository Checks. Personnel offices, in collaboration with law enforcement and security personnel, shall process state criminal history background checks for employment. All states listed on employment or security applications as current or former residences shall be checked. (See Section 32 for sample application.) Full identifying information shall be provided on each applicant and confirmation requested that the individual has not been convicted in that state of a sex crime, an offense involving a child victim, a drug felony, or a violent crime. Action may be taken on a particular application 60 days from the date of request if no response has been received. Authorities will depend on the FBI fingerprint validation if states do not respond.

10.2.3 IRCs shall be completed by personnel at the installation level. IRCs consist of a local record check on an individual for a minimum period of 2 years before the date of the application including previous command, if applicable. IRCs are not completed on individuals without DoD affiliation (i.e., no installation system or records to check). This record check shall include, at a minimum:

- Three personal/professional references
- Division officer check (FCC applicants)
- Base/military police, security office, criminal investigators, or local law enforcement
- Counseling and Assistance Center (FCC applicant/sponsors-only)
- Family Housing (FCC applicants)
- Family Advocacy Program central registry records

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## **CRIMINAL HISTORY BACKGROUND CHECKS, cont.**

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- In home interviews (FCC applicants)

NOTE: A Service Defense Central Investigative Index (DCII) may be conducted.

Upon favorable completion of an IRC, CDC-based staff may work under line of sight supervision.

10.3 The following procedures apply for conducting criminal history background checks:

10.3.1 APF applicants (18 years of age or older): (Procedures established in DoD 5400.11-R of August 1983 (NOTAL) shall be used.)

- Complete the Condition of Employment/Statement of Admission Form. (See Section 32.)
- Complete SF-171, "Application for Federal Employment."
- Obtain SF-87, Fingerprint Chart completed by law enforcement officer.
- Complete SF-85P, "Questionnaire for Public Trust Positions" (annotate Block "B" with code 03) for conduct of a NACI.
- Forward package to:

Office of Personnel Management  
Office of Federal Oversight  
Federal Investigations Processing Center  
Boyer, PA 16018

- Initiate SCHR checks.

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**CRIMINAL HISTORY BACKGROUND CHECKS, cont.**

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- Conduct IRCs, if applicable. (See Section 32.) Upon favorable completion of IRCs, an individual may be selected and work within sight and under supervision.
- Document that the checks are initiated/completed. (See Section 32 for Background Check Tracking Form.)

## 10.3.2 NAF applicants (18 years of age or older):

- Complete the Condition of Employment/Statement of Admission Form. (See Section 32.)
- Complete the DD 398-2, "DoD National Agency Questionnaire" with reason for request identified as OTHER and annotated as child care.
- Complete FD 258, "FBI Applicant Fingerprint Card." Fingerprints shall be taken by local law enforcement organization personnel.
- Completed fingerprint chart and DD 398-2 shall be forwarded to:

Defense Investigative Service  
Personnel Investigative Center  
P.O. Box 1083  
Baltimore, MD 21203-1083

- Conduct the SCHR.
- Conduct IRCs, if applicable. (See Section 32.) Upon favorable completion of IRCs, an individual may be selected and work within sight and under supervision.

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## **CRIMINAL HISTORY BACKGROUND CHECKS, cont.**

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- Document that the checks are initiated/completed. (See Section 32 for Background Check Tracking Form.)
- 10.3.3 Foreign national employees overseas are subject to the following records checks or equivalent in scope to checks conducted on U.S. citizens.
- Complete the Condition of Employment/Statement of Admission Form. (See Section 32.)
  - Check host government law enforcement and security checks at the city, state (province), and national level, whenever permissible by the laws of the host government.
  - Check the DCII.
  - When permissible by laws of the host government, host government checks are requested directly by the employing command. As an alternative, overseas military investigative elements may obtain the appropriate host government check.
  - Where host nation arrangements preclude comparable criminal history checks, foreign nationals will not be eligible for employment.
  - Conduct IRCs, if applicable. (See Section 32.) Upon favorable completion of IRCs, an individual may be selected and work within sight and under supervision.
  - Document that the checks are initiated/completed.

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**CRIMINAL HISTORY BACKGROUND CHECKS, cont.**

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10.3.4 Temporary Employees. This category includes summer hires, student interns, and flexible employees. Background checks for these individuals are processed according to funding source; [i.e., for APF employees (to OPM) or NAF employees (to DIS)].

- Complete the Condition of Employment/Statement of Admission Form. (See Section 32.)
- Complete IRCs, if applicable. (See Section 32.) Upon favorable completion of IRCs, an individual may be selected and work within sight and under supervision.
- Document that the checks are initiated/completed.

10.3.5 Government Contract Employees

- Sponsoring activities are responsible for ensuring that the statement of work contains the requirement for background checks on all contractor employees providing child care services.
- The contracting officer is responsible for verifying that contractor services comply with contract quality requirements.
- At a minimum the statement of work shall:
  - State that the contractor will ensure employees have proper criminal history background checks.
  - State that actual checks are performed by the government.

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**CRIMINAL HISTORY BACKGROUND CHECKS, cont.**

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- Include procedures the contractor must follow to obtain employee checks (i.e., identify the office where employees report for processing, identify forms that must be completed). Also identify billing procedures and point of contact for results.
- State that employees may be permitted to work before completion of background checks, provided that employee is within sight of an individual with a successfully completed background check.
- State that employees have the right to obtain a copy of the background check report, whom they should contact for the copy, and whom to contact for procedures to challenge the accuracy and completeness of the information.
- Requirements for child care services must be submitted to the contracting officer sufficiently in advance of the required performance start date to provide time for obtaining background checks. Sponsoring activities' designees shall coordinate with the contracting office as soon as possible after a requirement for child care services becomes known.
- Procedures for obtaining responses for background checks are the same as those for NAFI employees and response to derogatory information will occur through the appropriate designee and contractor. An IRC will be performed if the individual is a military member, family member, or has worked or lived on a military installation within 5 years.

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**CRIMINAL HISTORY BACKGROUND CHECKS, cont.**

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## 10.3.6 FCC Providers

- Complete application for certification.
- Complete the Condition of Employment/Statement of Admission Form. (See Section 32.)
- Complete the DD 398-2, DoD National Agency Questionnaire.
- Complete the FD 258, FBI Applicant Fingerprint Card. Fingerprints shall be taken by local law enforcement organization personnel.
- Forward completed fingerprint cards and DD 398-2 to:

Defense Investigative Service  
Personnel Investigative Center  
P.O. Box 1083  
Baltimore, MD 21203-1083

- Conduct IRCs on all adults and each child over the age of 12 residing in the applicants household. (See Section 10.2.3)
- Document that the checks have been initiated/completed. (See Section 32 for Background Check Tracking Form.)

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## **CRIMINAL HISTORY BACKGROUND CHECKS, cont.**

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### 10.3.7 Volunteers

- Complete volunteer information form.
- Complete IRCs, if applicable. (See Section 10.2.3) Upon favorable completion of IRCs, an individual may work within sight and under supervision.
- Document that the checks are initiated/completed.

### 10.3.8 Current Employees

- All employees shall have FBI fingerprint and state criminal history background checks.
- Whether APF/NAF, if the appropriate checks are not documented in local records, follow appropriate procedures to conduct checks and document results in files.
- Until background check is complete, these individuals or newly hired individuals must be within sight and under the supervision of an individual whose background check has been successfully completed.
- Once it is clear that no derogatory information exists, line of sight supervision is terminated by the designee.
- If a derogatory report exists, personnel or security procedures shall dictate appropriate action.



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**CRIMINAL HISTORY BACKGROUND CHECKS, cont.**

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- 10.4 Record re-verification consists of IRCs and a DCII name check at a minimum of every 5 years and covers the time period since the last background check.
- 10.4.1 NAFI employees who change duty stations shall have an updated investigation completed when considered for employment.
- 10.4.2 A new investigation is required if a break in employment/certification results in time-lapse of more than 2 years.
- 10.4.3 FCC providers, and their family members, shall have IRCs updated annually.

- 10.5 Background Check Matrix. This identifies the requirements for background checks by category of personnel. These checks are initiated through the personnel offices in collaboration with law enforcement and securing personnel.

NOTE: Remember that an IRC may only be completed on an individual who is a military member or family member, or who lives or works on a military installation. The sponsors social security number will be used to access information for military family members.

- 10.5.1 APF. FBI, SCHR, and IRC. (SF-171, SF-87, and SF-85P or comparable form used for more in-depth checks)
- 10.5.2 NAFI. FBI, SCHR, and IRC. (DD Form 398-2 and FD Form 258)
- 10.5.3 Foreign National Employees Overseas. IRC and local government check
- 10.5.4 Temporary Employees. FBI, SCHR, and IRC

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## **CRIMINAL HISTORY BACKGROUND CHECKS, cont.**

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- 10.5.5 Current Employees. FBI, SCHR, and IRCs
- 10.5.6 Government Contract Employees. FBI, SCHR, and IRC
- 10.5.7 FCC Providers and Family Members Age 12 and Older. FBI and IRC (DD 398-2, FD 258)
- 10.5.8 Volunteers. IRC
- 10.6 Criteria for Criminal History Background Check Disqualification. Adverse information resulting from a background check shall be evaluated by qualified personnel at the appropriate level of command in interpreting criminal history background checks. The ultimate decision must incorporate a common sense decision based on all known facts. All information of record, both favorable and unfavorable, will be assessed in terms of its relevance, how recent it is, and its seriousness.
  - 10.6.1 Mandatory Disqualifying Criteria is any conviction for a sexual offense, a drug felony, a violent crime, or a criminal offense involving a child or children.
  - 10.6.2 Discretionary Criteria includes:
    - Any behavior, illness, mental, physical, or emotional condition that in the opinion of a competent medical authority may cause a defect in judgement or reliability.
    - Acts that may tend to indicate poor judgement, unreliability, or untrustworthiness in working with children.
    - Offenses involving assault, battery, other abuse of a victim regardless of age of the victim
    - Evidence or documentation of substance abuse dependency.

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**CRIMINAL HISTORY BACKGROUND CHECKS, cont.**

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- Illegal or improper use, possession or addiction to any controlled or psychoactive substance, narcotic, cannabis, or other dangerous drug.
- Sexual acts, conduct, or behavior under circumstances that may indicate untrustworthiness, unreliability, lack of judgement, or irresponsibility in working with children.
- Offenses such as arson, homicide, robbery, fraud, or any offense involving possession or use of a firearm.
- Evidence that the individual is a fugitive from justice.
- Evidence that the individual is an illegal alien who is not entitled to accept gainful employment.
- A finding of negligence in a mishap causing death or serious injury to a child or dependent person entrusted to their care.

10.6.3 In evaluating suitability, the evaluator shall consider the following additional factors to the extent that these examples are considered pertinent:

- The kind of position for which the individual is applying or employed
- Nature and seriousness of the conduct
- How recently the incident occurred
- Age of the individual at the time of the conduct
- Circumstances surrounding the conduct
- Contributing social or environmental conditions

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**CRIMINAL HISTORY BACKGROUND CHECKS, cont.**

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- Absence or presence of rehabilitation or efforts toward rehabilitation
- Relationship of the alleged offenses for which arrested to the job to be performed.

**27 OCT 1994****11.0 PERSONNEL HEALTH REQUIREMENTS**

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11.1 All CDC staff shall be in good physical and mental health and free from communicable disease.

11.1.1 All staff shall have a pre-employment health screening within 2 weeks of employment and annually thereafter.

11.1.2 Screenings shall include a test for tuberculosis and any other tests deemed necessary by appropriate medical authorities.

11.1.3 Screening of employees for the presence of the HIV antibody prior to employment is not warranted or recommended.

11.1.4 Certification of employee screenings shall be documented per locally approved means and kept on file at the CDC for each employee, while employed in that capacity.

11.2 Staff shall be immunized, except where religious beliefs preclude, against poliomyelitis, tetanus, diphtheria, rubella measles (rubeola), and mumps.

11.2.1 Other immunizations may be required at the option of local medical authorities.

11.2.2 Specific vaccine requirements include:

- A primary series of either oral polio vaccine or enhanced potency inactivated vaccine.
- A primary series of tetanus and diphtheria, toxoid, and appropriate booster series.

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## **PERSONNEL HEALTH REQUIREMENTS, cont.**

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- One dose of rubella vaccine given after 12 months of age or serologic evidence of immunity to rubella.
- Two doses of measles vaccine given after 12 months of age (given at least 1 month apart), written documentation of physician-diagnosed measles, or serologic evidence of immunity to measles. Staff members born before 1957 require only one dose of vaccine, should vaccine be indicated.
- One dose of mumps vaccine given after 12 months of age, written documentation of physician-diagnosed mumps or serologic evidence of immunity to mumps.
- The use of a combined measles-mumps-rubella vaccine is strongly recommended to meet these requirements should an individual require one of these three vaccines. Immunization or documented evidence of immunity against these childhood diseases is of paramount importance for all CDC employees and FCC providers.

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**PERSONNEL HEALTH REQUIREMENTS, cont.**

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- 11.3 Staff members who have fever, an acute diarrhea illness, skin infections, infected wounds or acute respiratory infections shall not be permitted to care for children, prepare food, or be employed in any capacity where there is a likelihood of transmitting disease to other individuals.
- 11.3.1 Adults shall be excluded when one or more of the following conditions exists:
- Chicken pox, until at least 6 days after the onset of the rash, but in any event, not until all sores have dried and crusted over
  - Shingles, only if the sores cannot be covered by clothing or a dressing until the sores have crusted
  - Rash with a fever or joint pain, until diagnosed not to be measles or rubella
  - Measles or rubella, until 5 days after rash onset
  - Diarrheal illness, three or more episodes of diarrhea during the previous 24 hours, until the diarrhea resolves
  - Vomiting illness, two or more episodes of vomiting during the previous 24 hours, until vomiting resolves or is determined to be due to noncommunicable conditions
  - Hepatitis A virus, as directed by appropriate health care personnel
  - Pertussis, until after 5 days of antibiotic therapy

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## **PERSONNEL HEALTH REQUIREMENTS, cont.**

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- Skin infection (impetigo) until 24 hours after treatment initiated.
- Strep throat or other streptococcal infection, until 24 hours after initial treatment and cessation of fever.
- Scabies, head lice, other infestation, 24 hours after treatment has been initiated
- Purulent conjunctivitis, until 24 hours after treatment has been initiated
- Hemophilus influenza type b (Hib), until approved by health care provider
- Meningococcal infection, until approved by health care provider
- Respiratory infection, exclusion not necessary if not contagious, or until determined to no longer be contagious and/or approved by health care provider

11.3.2 Volunteer personnel shall meet the same health requirements as regular staff personnel.



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**PERSONNEL HEALTH REQUIREMENTS, cont.**

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11.4 Personal Hygiene

- 11.4.1 All staff members, including food service personnel, shall wear clean outer garments and maintain a high degree of personal cleanliness.
- 11.4.2 Staff shall wash their hands thoroughly after toileting, changing diapers, assisting children with toilet use, wiping noses, or when hands otherwise become soiled or contaminated with body fluids. Hands shall be washed before food preparation or service. Particular attention shall be given to cleaning under the fingernails.
- 11.4.3 Personnel who work in food preparation areas shall maintain the personal hygiene standards required by Navy Environmental Health Center.
- 11.4.4 Personal hygiene shall be a high priority topic during the orientation training given to all new staff members.

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**12.0 STAFFING RATIOS and STAFF QUALIFICATIONS**

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12.1 Staff/Child Ratios. The ratio of staff to children shall be met at all times to maintain constant supervision and to quickly effect evacuation in the event of fire or other emergencies.

12.1.1 The following minimum staff/child ratios shall be fully implemented and apply at all times:

IF CHILDREN ARE AGES:	THEN THE RATIO OF STAFF PER CHILDREN IS:
6 wks. - 12 mos.	1 staff member per 4 children
13 mos. - 24 mos.	1 staff member per 5 children
25 mos. - 36 mos.	1 staff member per 7 children
37 mos. - 5 yrs.	1 staff member per 12 children
6 yrs. - 8 yrs.	1 staff member per 15 children
9 yrs. - 12 yrs.	1 staff member per 15 children

12.1.2 It is preferable that the ratio for infants 6 weeks to 6 months be one adult per three children.

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**STAFFING RATIOS and STAFF QUALIFICATIONS, cont.**

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- 12.1.3 For mixed age groups, staffing requirements shall be met for the age of the youngest child in the group as follows:

IF:	THEN:
Children in an age category make up 20 percent or more of the group	Use the staff/child ratio for that group.
Children in an age category make up less than 20 percent of the group	Use the staff/child ratio of the next higher age group.

- 12.1.4 Only staff whose full-time responsibility is to provide direct care to children shall be counted in the ratios.

- Staff performing duties other than child care (e.g., director, cleaning, laundry, food service or operations clerks) will not be counted in the ratios.

- 12.1.5 At least two caregivers shall be present with each group of children at all times.

- When this is not possible, due to limited room capacity, closed circuit television or other comparable observation measures must be taken to ensure oversight by more than one adult.

**NOTE:** This does not alter the required staff/child ratio.

- 12.1.6 During rest times, the ratio may be doubled (except for infants 6 weeks to 24 months) to allow staff to attend training. The required number of staff must remain in the facility and be readily available in case of emergency.

**27 OCT 1994****STAFFING RATIOS and STAFF QUALIFICATIONS, cont.**

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- 12.1.7 Volunteers and student help under 18 years of age may not be counted in determining compliance with staff/child ratio and must work under direct supervision at all times.
- 12.1.8 Ratios must be followed when children are on playgrounds.
- 12.1.9 If special needs children are enrolled (Section 6), the staff/child ratio must be adjusted as necessary to ensure that the development of all the children in the group is not hampered.
- 12.1.10 If toilets are located outside the room in which care is provided, no child may leave the room without adult supervision.
- 12.1.11 To promote consistency and meet program objectives, at least one full-time caregiver shall be available to each age group throughout the day.

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**STAFFING RATIOS and STAFF QUALIFICATIONS, cont.**

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- 12.2 Group Size. The number of children assigned to a group shall be limited. The following group size requirements shall be met at all times of the day, except during social activities such as field trips. During arrival and departure time groups may be mixed for efficient staff scheduling and the mixed age group sizes (paragraph 12.2.3) apply.

IF CHILD'S AGE IS:	THEN MAXIMUM GROUP SIZE IS:
6 wks. - 12 mos.	8
13 mos. - 24 mos.	10
25 mos. - 36 mos.	14
37 mos. - 5 yrs.	24
6 yrs. - 8 yrs.	30
9 yrs. - 12 yrs.	30

- 12.2.1 Group assignments should be based on children's developmental levels. It is not required that children be moved to the next age group on their birthday. Rather, class enrollment should be looked at from a school year perspective.
- 12.2.2 More than one group may occupy a classroom. Each group shall have its own clearly defined physical space, assigned staff, equipment and furnishings and primary interest centers.

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**STAFFING RATIOS and STAFF QUALIFICATIONS, cont.**

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- 12.2.3 For mixed age groups, a CDC shall meet the group size requirement for the youngest child in the group as shown in the table below:

IF:	THEN USE:
Children of an age category make up 20 percent or more of the group.	The maximum group size requirement of that age category found in the table on the previous page.
Children of an age category make up LESS than 20 percent of the group.	The maximum group size requirement of the next highest age category found in the table on the previous page.

- 12.2.4 A supervisory level staff member shall be in the CDC at all times.

- Supervisory level is defined as the program administrator, director, assistant director, or person qualified and designated to function in the absence of the director.

- 12.2.5 Regular and supervisory staff should be rotated for evening and weekend care to ensure adequate supervision of flexible staff.

- 12.2.6 New staff members will be closely monitored by the supervisory staff during their first 30 working days.

- 12.2.7 New staff members shall work in line of sight or under direct supervision of an employee who has a completed background check until the new employee's clearance is received.

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**STAFFING RATIOS and STAFF QUALIFICATIONS, cont.**

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12.3 Staff Qualifications. Staff members shall be hired based on their demonstrated ability to work with children in a group and on their understanding of children's needs.

12.3.1 CDC Director and CDP Administrator positions shall be classified in the 1701 series. CDC directors hired after 23 March 1991 and all other program administrators/directors (e.g., FCC coordinators) hired after 1 October 1993 shall have at a minimum a baccalaureate degree in child development, early childhood education, home economics (early childhood emphasis), elementary education, special education, or other degree appropriate to the position from an accredited college. A combination of education and experience that meets the requirements of the X118 standards may be substituted. Education substitutions may be in related fields which include but are not limited to education, social work, home economics, psychology, or child-related field.

- CDC director, program administrator, and FCC coordinator positions are critical to program operations and when vacant shall be filled with a qualified applicant within 90 days.
- CDC directors/program administrators shall receive training in budgeting, administration, personnel management, and supervision.

## **STAFFING RATIOS and STAFF QUALIFICATIONS, cont.**

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12.3.2 At least one employee shall be a Training and Curriculum (T&C) Specialist. In military centers, this person shall be an employee in a competitive service (i.e., general schedule) position. The T&C shall meet the professional qualification of the National Academy of Early Childhood Programs' Early Childhood Specialist (Baccalaureate Degree in Early Childhood Education/Child Development and at least 3 years of full-time teaching experience with young children and/or a graduate degree in ECE/CD). The duties of the T&C shall include:

- Special teaching, role-modeling, and demonstration of activities in facilities and FCC program
- Daily oversight and instruction of other child care employees
- Daily assistance in preparation of lesson plans
- Assistance in the child abuse prevention and detection training program
- Advice to the CDPA/CDCD on the performance of other child care employees
- Assistance in the development and implementation of parent education programs.

CDCs with a capacity of less than 100 may dual hat the CDP administrator/CDC director or the assistant director, providing they meet qualifications, as the T&C. FCC coordinators may not be dual hatted as the T&C. Under certain circumstances (e.g., the number of facilities, program capacity, number of staff, distance between facilities, and remote location) may warrant hiring an



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### **STAFFING RATIOS and STAFF QUALIFICATIONS, cont.**

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additional T&C to ensure training requirements are met. Qualified program personnel (GS/GSE 5s) may be used to assist the T&C in carrying out training requirements.

12.3.3 All caregivers shall be at least 18 years of age. At a minimum, caregivers shall:

- Hold a high school diploma or equivalent
- Be able to speak, read, and write English
- Be able and willing to undergo required training
- Express respect for and affection toward children
- Understand the need for children to share experiences, ideas, and feelings and be able to listen to them with attention and respect
- Recognize and respect a child's unique cultural heritage
- Understand and be sensitive to the pressures of military family life

12.3.4 There shall be at least one staff member designated as the lead caregiver in each activity room with the skills and knowledge necessary for planning and implementing a developmental program. Recommend this position be at the full performance level. When possible, recommend one program technician for each age group to assist with training.

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**STAFFING RATIOS and STAFF QUALIFICATIONS, cont.**

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- 12.4 The use of volunteers, interns and teen aides is encouraged as a means of providing additional support to the program (e.g., assisting in the care of children with special needs or on field trips, conducting special activities or lessons).
- 12.4.1 At no time shall volunteers be used in place of paid personnel (i.e., not counted in child:staff ratios).
- 12.4.2 Volunteers shall never be left with sole responsibility of a child or children or be without supervision of qualified staff person.
- 12.4.3 All volunteers should receive a minimum of 2 hours of training before caring for children. This training shall include:
- Information on CDC policies and procedures
  - Child abuse identification and reporting
  - Protecting the health and safety of children
- 12.4.4 Volunteers, interns and teen aides require background screening. (See Section 10.)



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## 13.0 CHILD DEVELOPMENT STAFF TRAINING

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13.1 Training Program. Ongoing staff training shall be provided to all caregiving personnel on a regular basis in order to promote the intellectual, social/ emotional, and physical development of children. Training requirements shall be reviewed annually.

13.1.1 It is Navy policy that training, education, experience, and performance shall influence progression from entry level to positions of greater responsibility. Training requirements are linked to the DoD employee wage plan.

13.1.2 All personnel shall receive training in customer service.

13.2 Before actually caring for children, each caregiver shall receive an orientation which includes:

- Position responsibilities and performance standards
- Applicable Navy regulations, local instructions and SOPs
- Child health and safety
- Identification, reporting and prevention of child abuse/neglect
- Age appropriate guidance and discipline policies and techniques
- Fire prevention, protection, emergency evacuation and safety procedures
- Parent and family relations
- Health and sanitation procedures, including personal hygiene and sanitation principles

Enclosure (1)

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## **CHILD DEVELOPMENT STAFF TRAINING, cont.**

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- 13.3 All paid personnel working directly with children shall successfully complete a minimum of 36 hours of training within 6 months from date of hire.

This training shall include in-depth training on the subjects listed in item 13.2 as well as the following:

- Cardiopulmonary Resuscitation (CPR) for infants and children (\*)
  - Additional training in CPR for adults is recommended
- Basic/beginning first aid & Heimlich maneuver (\*)
- Child abuse/neglect prevention and reporting (\*)
  - Refer to Sections A & B of Module 14, Child Development Training Course
- Child growth and development
- Age appropriate activities for children
- Classroom management and child guidance/discipline techniques
- Food handling, nutrition and meal service requirements
- Applicable regulations

**NOTE:** The first three subjects, marked (\*) must be completed within 60 days of assignment to position and updated as required to keep certification current.

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**CHILD DEVELOPMENT STAFF TRAINING, cont.**

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- 13.3.1 First aid and CPR training can best be accomplished if the training/curriculum specialist, CDC director or other designated staff receives first aid and CPR trainer certification.
  
- 13.4 All staff working in CDPs in DoD operated programs shall receive ongoing training and periodic updates on the latest child care techniques and procedures for providing safe child developmental care.
  - 13.4.1 Individual training progress will be documented and maintained in the CDC records.
  - 13.4.2 Training shall also be documented and recorded in each individual's Official Personnel File (OPF).
  - 13.4.3 Copies of training records shall be made available to personnel upon termination or transfer to another duty station.

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**CHILD DEVELOPMENT STAFF TRAINING, cont.**

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13.5 All caregiving staff shall participate in the Navy Standardized Training Program for caregivers. This program should also be made available to regular volunteers.

13.5.1 Navy Standardized Training Program requires completion of the following 13 training modules:

1. Keeping Children Safe
2. Promoting Good Health and Nutrition
3. Creating and Using an Environment for Learning
4. Promoting Physical Development
5. Promoting Cognitive Development
6. Promoting Communication
7. Promoting Creativity
8. Building Children's Self-Esteem
9. Promoting Social Development
10. Providing Positive Guidance
11. Working with Families
12. Being an Effective Manager
13. Maintaining a Commitment to Professionalism

**NOTE:** Modules 1 through 10 must be appropriate to assigned age group (e.g., infants, pre-toddlers, toddlers).

13.5.2 Satisfactory completion of the training program is a condition of employment for all caregiving personnel.

13.5.3 This training shall be updated as required.

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**CHILD DEVELOPMENT STAFF TRAINING, cont.**

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- 13.6 All personnel shall receive training in positive discipline techniques and be given a verbal and written explanation of the discipline policy.
- 13.7 In addition to initial training, each caregiver shall participate in a minimum of 4 hours specialized, in-service training each month. Staff meetings and individual training sessions may be counted toward this requirement when documented. Two of the four hours may be related to the standardized caregiver training. Staff meetings may be counted as in-service training when the specific purpose is to provide program information vice administrative information.

At a minimum, this training shall include:

- Child growth and development
  - Age-appropriate programming and activities
  - Daily activity plans and curriculum implementation
  - Use of physical space and designing learning environments
  - Parent participation
  - Child guidance and discipline techniques
  - Child abuse/neglect identification and reporting
- 13.8 In addition to in-service training provided by the training/curriculum specialist, the use of community resources for training programs is encouraged.



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## **CHILD DEVELOPMENT STAFF TRAINING, cont.**

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13.9 Food service personnel shall receive a minimum of 6 hours initial and 3 hours annual refresher training in the following:

- Child nutrition requirements
- Menu planning
- Food preparation and handling
- Sanitation practice in compliance with the Manual of Naval Preventive Medicine and reference (e) of this instruction

13.9.1 This training should be accomplished within the first 6 months of employment.

13.9.2 Records documenting this training shall be kept on file in the CDC.

13.9.3 Food service personnel shall receive training on child abuse/neglect identification, reporting, and prevention.

13.10 Program administrators, CDC directors, FCC coordinators, training/curriculum specialists and supervisors shall participate in annual training on the following:

- Unique requirements of military environments
- Latest techniques and procedures in child care
- Curriculum development
- Family advocacy programs
- Child abuse/neglect prevention/reporting

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**CHILD DEVELOPMENT STAFF TRAINING, cont.**

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- CDC administration and management
- Parent participation
- FCC administration and management
- Supervision of personnel

13.11 Non-Caregiver Staff Training. Each CDC shall develop and implement an individual plan to train all CDC administrative and support staff including food service, personnel, custodial workers, FCC staff, and operations clerks that includes, but is not limited to, the following as appropriate:

- Child abuse/neglect identification, reporting, and prevention
- Facility control
- Visitor and child pick-up/drop-off policies
- Responding to suggestions and complaints
- Customer relations
- Cash handling procedures

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## 14.0 PROGRAM OBJECTIVES

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- 14.1 CDPs shall be provided to assist personnel in balancing the competing demands of family life and military mission. In offering CDPs, commands should consider available resources and support, mission requirements of assigned personnel, and availability of off-base services. The primary sources of Navy-sponsored or operated programs are Child Development Centers, Family Child Care homes, and resource and referral programs.
- 14.1.1 CDPs are offered as a supplement to, not a substitute for, the family which is the primary agent for care and development of the child. It is the responsibility of parents to plan for child care and make child care arrangements that meet work schedules. FCC is the best alternative for parents who work shifts, stand watch, etc.
- 14.1.2 Under normal circumstances, the maximum length of time a child is in care shall not exceed 10 hours.
- The commanding officer may waive this policy on a case-by-case basis for individuals who regularly work long hours and cannot be accommodated in FCC.
  - Parents who occasionally work extended hours may make arrangements, through the chain of command, with the CDC administration to extend past 10 hours when required.
- 14.1.3 FCC is a supplement to CDC-based care and is a viable means of expanding care. The FCC operating policy and standards are contained in Sections 22 through 30.
- 14.1.4 Part-day programs meet the needs of parents requiring child development services on a seasonal or regularly scheduled part-day basis for 4 - 6 hours (e.g., 3 - 5 year olds or school age children).

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**PROGRAM OBJECTIVES, cont.**

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- 14.1.5 Short-term, hourly care programs may be established in alternative locations to meet temporary child care needs for large group meetings, command functions, special activities or classes, or other requirements identified by the command. These short-term programs may be provided on site when the parents remain in the facility. (See Section 31.3.)
- Programs shall be staffed with screened CDC personnel and comply with staff/child ratios and group size requirements specified herein.
- 14.1.6 Child care resource and referral programs shall be used to expand availability to programs on and off military installations.
- 14.2 Command emphasis shall be placed on meeting the needs of employed parents and to this end the CDC(s) space shall be utilized for full-time care.
- 14.2.1 Part-day preschool programs may be established as sub-activities of the CDC and take place in facilities that meet the educational occupancy standards as outlined by the National Fire Protection Association Life Safety Codes 101.
- 14.2.2 The purpose of these programs is to enhance school readiness by providing enrichment activities for children that help them develop the knowledge, skills, abilities, and attitudes necessary for entry into school.
- 14.2.3 CDC space may only be used for preschool when the waiting list for active duty and civilian employees does not exceed 20 percent of facility capacity.

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**PROGRAM OBJECTIVES, cont.**

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- 14.2.4 Installations may use no more than 20 percent of any space that meets the National Fire Protection Association Life Safety Code 101 standards for existing day care facilities for preschool programs, school age, or hourly care, if there is a waiting list for full-day and part-day child care for parents employed outside the home.
- 14.3 CDPs, regardless of setting, shall be developmental in nature and shall meet the cognitive, social, emotional, and physical needs of children. The objectives for full-day, part-day and hourly CDPs shall be the same and the following shall be provided:
- 14.3.1 A planned schedule of developmentally appropriate activities in a prepared, well-organized environment, including adequate child-sized furnishings, materials, and supplies that offer children an opportunity to engage in a variety of activities that will foster development.
- 14.3.2 A trained staff with knowledge and understanding of children's developmental stages and physical growth patterns.
- 14.3.3 Opportunities for parents to observe children and participate in activities in the classroom.
- Each CDC shall have a policy that parents escort their children to the classrooms in the morning and from the classrooms at the end of the day. Parents should have unlimited access to classrooms during the day.
  - Each CDC shall survey parents on a regular basis to determine satisfaction with staff, programs, facilities and services.
- 14.3.4 A balance of active and quiet activities.

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**PROGRAM OBJECTIVES, cont.**

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- 14.3.5 Opportunities for physical contact, verbal experience, and nurturing between children and caregivers with ample time for infants to be out of cribs.
  - 14.3.6 A clean, safe, healthy environment shall be provided.
  - 14.3.7 Age-appropriate activities which promote the total development of the child shall be planned and provided each age group.
  - 14.3.8 A continuity of caregivers within each age group in order to maintain consistency in the program.
  - 14.3.9 At a minimum, one full-time caregiver in each group shall be available consistently throughout the day.
  - 14.3.10 Children's group assignments shall not be changed more often than once in a 12-month period to ensure continuity of care.
- 14.4 There shall be a planned schedule of appropriate activities for hourly care programs.

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## 15.0 PROGRAM OF ACTIVITIES

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- 15.1 A planned program of age and developmentally appropriate activities which promotes the intellectual, social, emotional, and physical development of the children shall be provided for each age group. Activities shall be consistent with the National Association for the Education of Young Children's Developmentally Appropriate Practice.
  - 15.1.1 The training/curriculum specialist or designated staff member shall assess each classroom at least annually using the Early Childhood Environmental Rating Scale (ECERS) and the Infant/Toddler Environmental Rating Scale (ITERS).
  - 15.1.2 Copies of ECERS and ITERS assessments shall be kept on file in the CDC.
  - 15.1.3 ECERS and ITERS shall be used to determine staff training requirements and plan physical environments.
  - 15.1.4 Each CDC shall meet the standards for national accreditation by December 1996. Justification of non-accreditation shall be submitted to Pers-65. A plan of action shall be submitted and updated until accredited.
- 15.2 The planned program of activities shall be in writing and made available to parents.
  - 15.2.1 The plan shall contain a description of the activities and how they meet children's developmental needs.
  - 15.2.2 Implementing documents shall include, but not be limited to, requirements for equipment and supplies and staffing plans that provide staff continuity, parent participation, and guidance techniques.
  - 15.2.3 Planned activities shall be based on staff observations and reflect the interest, needs, and developmental levels of the children.

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**PROGRAM OF ACTIVITIES, cont.**

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15.2.4 Adult responses to children shall be individualized and adapted to the different developmental levels and expectations of children.

15.3 The developmental program shall include individual and small group experiences that are both adult- and child-initiated. Programs shall include:

- A variety of activities based on the child's abilities and interest
- Frequent interaction between staff and children
- Opportunities for creative experiences
- Opportunities for children to share ideas, experiences, and feelings
- Opportunities which aid in the development of large and small motor skills
- Opportunities to develop communication skills
- Opportunities and experiences which foster self-esteem and allow children to develop independence and feelings of self-worth
- Opportunities to develop social skills
- Opportunities for children to think, reason, question, and experiment
- Routines that encourage sound health, safety, and nutritional practices
- Activities which reflect geographic, ethnic, and cultural differences
- Continuity and flexibility to meet the needs of children, both individually and in groups



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**PROGRAM OF ACTIVITIES, cont.**

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- 15.3.1 Sufficient time shall be provided in the daily schedule for children to allow participation in and transition between activities.
  - 15.3.2 Sufficient developmentally appropriate materials which project heterogenous racial, sexual, and age attributes shall be provided to carry out the program of activities.
  - 15.3.3 Children shall not be required to move from one activity to another as a group.
- 15.4 The lead caregiver in each group shall develop and post a daily schedule.
- 15.4.1 Social/dramatic play, creative art, blocks, small motor development, language development, music, and large muscle activities will be offered daily. Activities shall be balanced and varied to reflect curriculum plans.
  - 15.4.2 The training/curriculum specialist shall assist in developing daily schedules and shall review activities to ensure they are developmentally appropriate for the age group.
- 15.5 The program and the environment shall be planned in such a way as to give every child an opportunity to develop independence.
- 15.5.1 This should include responsibility for materials, personal belongings, and any other self-help activities appropriate for the child's age.
    - Interest areas and shelves shall be appropriately labeled to assist children in developing independence and a sense of responsibility.

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**PROGRAM OF ACTIVITIES, cont.**

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- 15.5.2 Meals and snacks shall be served family-style to encourage self-help skills and independence.
- 15.6 Programs shall include active and passive activities that promote the child's self-esteem, self-confidence, and positive self-image.
  - 15.6.1 All children should be recognized as individuals and respect given to their privacy, background, and choice of activities.
  - 15.6.2 The program shall reflect the cultural diversity of the children and allow opportunities for the children to investigate a variety of social and cultural backgrounds.
  - 15.6.3 The number of children participating in an activity at one time shall be limited to facilitate interaction and constructive activity among children.
  - 15.6.4 All routines and activities shall be planned to prevent children from waiting in line, assembling in large groups or sitting for long periods of time.
- 15.7 Each age group, including infants, shall have an opportunity to spend a portion of the day outdoors.
  - 15.7.1 During inclement weather, the daily schedule should include indoor activities which foster large muscle development.
  - 15.7.2 Outdoor activities shall be scheduled so that not all children in the same age category are using their specific outdoor play space at the same time.

**27 OCT 1994****PROGRAM OF ACTIVITIES, cont.**

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- 15.8 Television and videotapes shall be used only occasionally. Use shall be limited to age-appropriate programs which enhance the development of young children. Use of television and videotapes shall normally not exceed 30 minutes a day.
- 15.9 Every full-day program shall include a routine for napping.
- 15.9.1 Supervised rest period shall be at least 1 hour for children under the age of 5 years who attend the CDC on a full-time basis.
- 15.9.2 Children who do not sleep must have a quiet time with materials or activities that do not disturb the children who are resting.
- 15.9.3 See Section 20 for nap and sleeping provisions.
- 15.10 Hourly care programs should be planned so that children can easily move in and out of the activities.
- 15.10.1 Examples of activities for hourly care are:
- Flannel boards
  - Books
  - Filmstrips
  - Puzzles
  - Creative art

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**PROGRAM OF ACTIVITIES, cont.**

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15.11 Field trips shall be part of the planned program.

15.11.1 Individual child permission slips signed by the parent shall be on file for each specific trip off the installation.

15.11.2 CDC management and front desk personnel shall be informed when a group leaves the CDC and provided the following information:

- Names of children in the group
- Names of adults accompanying the group
- Destination
- Expected time of return

15.11.3 There shall be a minimum of two staff members with each group at all times. Increased staffing through the use of parents and volunteers is desirable and encouraged.

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## 16.0 INFANT/PRE-TODDLER/TODDLER CARE

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- 16.1 The rapid growth and development in children before the age of 3 years requires special emphasis and attention to programs. Programs for this age group are distinctly different from other programs and are not diluted versions of programs for older children. Appropriate, well-planned programs shall be provided to support the needs of infants, pre-toddlers and toddlers.
- 16.1.1 Each group of infants, pre-toddlers and toddlers shall have at least one regularly assigned full-time caregiver so there is consistency in staff and stability for the children.
- Patient, warm adults are instrumental in quality program for children under 3 years.
- 16.1.2 There shall be a written plan that addresses each child's developmental stages that encourages physical, social, emotional and intellectual development. Age appropriate equipment/toys and materials shall be available to support the program.
- 16.1.3 One of the goals of the infant/toddler program is to assist children in developing basic trust and mutual respect.
- 16.2 Each child shall be allowed to form and follow his or her own pattern of sleeping and waking periods. The child's routine is the curriculum.
- 16.2.1 As part of the registration process, parents should be asked to provide the child's schedule so that it can be adhered to within the group setting.
- 16.2.2 Each child shall be assigned a separate crib or cot.
- 16.2.3 Infants shall not be left in cribs while awake.

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**INFANT/PRE-TODDLER/TODDLER CARE, cont.**

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- 16.2.4 Stainless steel or other easily sanitized cribs shall be used. Wooden cribs shall not be used. Cribs shall not be used for pre-toddlers and toddlers.
- 16.3 There shall be opportunities throughout the day for children to receive physical contact and attention such as being held, walked, talked to, etc.
  - 16.3.1 Rocking chairs shall be available for staff in the infant/pre-toddler/toddler areas.
- 16.4 There shall be daily opportunities for children to be taken on excursions outside the building.
  - 16.4.1 Playgrounds for infants/pre-toddlers/toddlers shall be separated from older children. Age appropriate equipment shall be available.
- 16.5 A wide variety of developmentally appropriate equipment/toys and materials shall be available for infants, pre-toddlers and toddlers.
  - 16.5.1 A routine shall be established to ensure equipment/toys are cleaned and sanitized following procedures in Section 20.
  - 16.5.2 Multiple pieces (at least two) of each toy shall be provided.
- 16.6 The non-walking child shall have the opportunity for freedom and movement such as creeping and crawling in an open space that is uncluttered.

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**INFANT/PRE-TODDLER/TODDLER CARE, cont.**

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- 16.7 Restraining devices such as play pens, mechanical swings and walkers shall not be used.
- 16.8 Toilet training should be planned between the caregivers and the parents to provide consistency in routines.
  - 16.8.1 Diaper change procedures and facilities in Section 20 shall be followed.
- 16.9 Infants requiring bottle feedings shall be held for feedings. Bottles shall not be propped.
  - 16.9.1 Children who have been weaned at home shall not be provided bottles at the CDC. (See Section 20.)
  - 16.9.2 Microwave ovens shall not be used for warming infant food or bottles.
- 16.10 High chairs shall not be used for children over 12 months of age.
  - 16.10.1 Children shall not remain in high chairs for extended periods of time.
  - 16.10.2 High chairs shall not be used as a means of restraining children or for play activities.
  - 16.10.3 The number of children fed in high chairs by one caregiver at one time should be limited to two.
  - 16.10.4 Children over the age of 12 months shall be provided appropriately sized tables and chairs for meals and snacks.

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**INFANT/PRE-TODDLER/TODDLER CARE, cont.**

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16.10.5 Furnishings and seating arrangements which do not allow children's feet to touch the floor shall not be used.

16.11 Biting among infants, pre-toddlers and toddlers is usually the result of frustration and a reflection of the environment. Children who are uncomfortable in their environment or feel stress, dissatisfaction, or adult anger tend to be more aggressive toward other children.

16.11.1 When a biting problem occurs steps shall be taken to make sure that group size and staff ratios are adhered to, that there is minimal waiting time for routine care and there are ample age-appropriate equipment/toys and activities provided.



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**17.0 EQUIPMENT, MATERIALS and FURNISHINGS**

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- 17.1 Age appropriate equipment and materials shall be available to support children's development when attending the CDC.
- 17.2 Equipment/toys and materials shall be in sufficient amounts to prevent children having to wait for long periods of time or compete for use.
  - 17.2.1 Sufficient is defined as at least five items per child in the group.
  - 17.2.2 Equipment should be rotated for variety and to encourage growth and development of the children.
- 17.3 Equipment and materials for activities shall be stored on low open shelves and accessible to children.
  - 17.3.1 Shelves shall be labeled in a manner that is appropriate for the age group and fosters the child's sense of independence and responsibility.
  - 17.3.2 The use of toy boxes is not acceptable in any age group.
- 17.4 In addition to health and safety, consideration shall be given to the age and developmental level of the children when selecting equipment, materials and furnishings.
  - 17.4.1 Size, design and function shall be appropriate for the age group. Care shall be taken to ensure that items meet safety standards.
  - 17.4.2 The product should be durable, versatile, give children active roles, and be easy to manipulate.

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## **EQUIPMENT, MATERIALS and FURNISHINGS, cont.**

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- 17.5 All equipment/toys that are broken or have missing pieces shall be removed immediately.
- 17.6 All equipment/toys shall be cleaned weekly and kept in a sanitary condition (see Section 20).
- 17.6.1 Toys mouthed by infants, pre-toddlers and toddlers shall be cleaned and sanitized before being put back on the shelf.
- 17.7 The following minimum equipment/toys shall be available in sufficient numbers for each group of children 6 weeks to 1 year:
- Mobiles, unbreakable objects, and pictures
  - Rattles, squeak toys, music
  - Infant seats
  - Unbreakable mirrors
  - Sturdy furniture, rails for pulling up
  - Phonograph player/tape recorder and records/tapes
  - Soft balls
  - Soft washable dolls, cuddly toys
  - Strollers or wagons

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**EQUIPMENT, MATERIALS and FURNISHINGS, cont.**

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17.8 The following minimum equipment/toys shall be available in sufficient numbers for each group of children 2 and 3 years old:

- Picture books, records
- Puzzles with large pieces, manipulative toys, stacking and nesting toys
- Cardboard blocks
- Unit blocks and accessories such as cars, trucks, farm and zoo animals
- Equipment for large muscle development, climbing, and balancing
- Equipment for sand/water play
- Imaginative play/social dramatic play (home-like furnishings, dolls, dishes, prop boxes, clothes, etc.)
- Easels, paints, brushes, smocks
- Clay, play dough, scissors, crayons, variety papers, pencils, etc.

17.9 The following equipment shall be available in sufficient numbers for each group of children 3 to 5 years old:

- Books and records
- Unit blocks and accessories
- Equipment for large muscle development, climbing, and balancing
- Puzzles and manipulative toys
- Art materials, easels, paints, brushes, etc.

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**EQUIPMENT, MATERIALS and FURNISHINGS, cont.**

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- Play dough, scissors, papers, pencils
- Sand and water toys
- Imaginative play/social dramatic play
- Puppets
- Science materials (magnifying glasses, scales, measuring cups, etc.)

17.10 Furnishings shall be appropriate to the age, size and activities of the children in the group, and shall be safe and easily sanitized.

17.10.1 Appropriate bedding and cots (with washable covers), which can be stacked when not in use, shall be provided for each child.

17.10.2 Individual storage shall be made available for the personal belongings of children including facilities for hanging coats, sweaters, etc.

17.10.3 Each group shall have enough child-sized tables and chairs to support activities and to seat the entire group comfortably at one time. Meals and snacks shall be served at child-sized tables.

17.10.4 Each group shall have the following minimum equipment and furnishings to support curriculum interest areas.

- Social/dramatic area shall include child-sized stove, refrigerator, cabinets and shelves for storage of dishes, clothes, etc., doll beds and other home-like furnishings.
- Block area shall be carpeted (or area rug) and contain sufficient shelving units to store blocks and accessories in a neat and organized manner.

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**EQUIPMENT, MATERIALS and FURNISHINGS, cont.**

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- Table toy area shall contain sufficient shelving units to store puzzles, small motor materials and games in a neat and organized manner.
- Art area shall contain at least one double easel and shelving units to store art materials, paints, scissors, glue, etc., in a neat and organized manner.
- Books shall be displayed on shelves or stands that allow self-selection by children and organized storage.
- Science area shall contain materials to build on each child's curiosity, respect and care for living things, and how things grow.
- Sand/water area shall contain materials to enable each child to be able to pour, sift, wash baby dolls/toys and fill containers.
- Music/movement activities shall be provided to develop the child's language and large/small motor skills.

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## **18.0 FOOD SERVICE**

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- 18.1 Each CDC at CONUS installations shall participate in the USDA Child and Adult Care Food Program.
- 18.2 CDCs with the capacity of more than 35 full-time children shall provide a nutritionally appropriate lunch, in addition to a minimum of two snacks each day.
  - 18.2.1 It is preferable that these meals be prepared on-site, however, catering is permissible.
  - 18.2.2 Regardless of source all food service operations shall be performed in accordance with NAVMED P-5010-1.
  - 18.2.3 See tables on following pages for required meal patterns.

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**FOOD SERVICE, cont.****Child and Adult Care Food Program - Infant Meal Pattern**

<b>BREAKFAST:</b>	<b>BIRTH THRU 3 MONTHS</b>	<b>4-7 MONTHS</b>	<b>8-12 MONTHS</b>
Breast milk (1) or formula (2)	4-6 fluid ounces	4-8 fluid ounces	6-8 fluid ounces
Whole milk	_____	_____	
Infant cereal (3) (optional)		0-3 table- spoons (tbsp)	2-4 tbsp
Fruit and/or vegetable		_____	1-4 tbsp

SNACK:	BIRTH THRU 3 MONTHS	4-7 MONTHS	8-12 MONTHS
Breast milk or formula	4-6 fluid ounces	4-6 fluid ounces	2-4 fluid ounces
Whole milk			
Juice (4)			
Slice bread			
Crackers (5) (optional)			
			0-½ slice
			0-2 crackers

<b>LUNCH OR SUPPER:</b>	<b>BIRTH THRU 3 MONTHS</b>	<b>4-7 MONTHS</b>	<b>8-12 MONTHS</b>
Breast milk or formula	4-6 fluid ounces	4-8 fluid ounces	6-8 fluid ounces
Whole milk	_____	_____	
Infant cereal		0-3 tbsp	2-4 tbsp and/or 1-4 tbsp
Meat, fish, poultry, egg yolk, or cooked dry beans or peas	_____	_____	- OR -
Cottage cheese, cheese food, cheese spread			¼ ounce
Cheese, fruit, and/or vegetable			- OR - ½ - 2 ounces

**NOTES:**

1. Meals containing only breast milk are not reimbursable.
2. Iron-fortified infant formula.
3. Iron-fortified dry infant cereal.
4. Full-strength fruit juice.
5. Made from whole-grain or enriched meal or flour.

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**FOOD SERVICE, cont.****Child and Adult Care Food Program - Children 1 to 12 Years of Age**

<b>BREAKFAST:</b>	<b>CHILDREN 1 TO 3 YEARS</b>	<b>CHILDREN 3 TO 6 YEARS</b>	<b>CHILDREN 6 TO 12 YEARS</b>
Milk, fluid	½ cup	¾ cup	1 cup
(1) Juice/fruit/vegetable	¾ cup	¾ cup	¾ cup
Bread and/or cereal, enriched or whole grain			
Bread or	½ slice	½ slice	1 slice
Cereal: Cold dry or	¾ cup (2)	¾ cup (3)	¾ cup (4)
Hot cooked	¾ cup	¾ cup	¾ cup

<b>MID-MORNING/MID-AFTERNOON SNACK: (SUPPLEMENT)</b>	<b>CHILDREN 1 TO 3 YEARS</b>	<b>CHILDREN 3 TO 6 YEARS</b>	<b>CHILDREN 6 TO 12 YEARS</b>
(Select 2 of these 4)			
Milk, fluid	½ cup	¾ cup	1 cup
Meat or meat alternate	½ ounce	½ ounce	1 ounce
Juice/fruit/vegetable	¾ cup	¾ cup	¾ cup
Bread and/or cereal, enriched or whole grain			
Bread or	½ slice	½ slice	1 slice
Cereal: Cold dry or	¾ cup (2)	¾ cup (3)	¾ cup (4)
Hot cooked	¾ cup	¾ cup	¾ cup

<b>LUNCH OR SUPPER:</b>	<b>CHILDREN 1 TO 3 YEARS</b>	<b>CHILDREN 3 TO 6 YEARS</b>	<b>CHILDREN 6 TO 12 YEARS</b>
Milk, fluid	½ cup	¾ cup	1 cup
Meat or meat alternate			
Meat, poultry, or fish, cooked (lean meat w/o bone)	1 ounce	1½ ounces	2 ounces
Cheese	1 ounce	1½ ounces	2 ounces
Egg	1	1	1
Cooked dry beans and peas	¾ cup	¾ cup	¾ cup
Peanut butter	2 tbsp	3 tbsp	4 tbsp
Vegetable and/or fruit (two or more)	¾ cup	¾ cup	¾ cup
Bread or bread alternate, enriched or whole grain	½ slice	½ slice	1 slice

**NOTES:**

1. Beverages containing less than 50 percent fruit juice or those made with fruit flavored powders and syrups or fruit punch do not meet requirements.
2. ¾ cup (volume) or ¾ ounce (weight), whichever is less
3. ¾ cup (volume) or ¾ ounce (weight), whichever is less
4. ¾ cup (volume) or 1 ounce (weight), whichever is less



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**FOOD SERVICE, cont.**

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- 18.2.4 All CDCs shall provide a mid-morning and a mid-afternoon snack. Part-day programs shall provide appropriate snacks.
- In instances where children must bring lunches from home, provisions shall be made for prompt refrigeration of lunches, as well as a training program for parents to ensure a nutritious lunch for their child(ren). CDCs shall provide milk.
  - The practice of bringing foods from home, other than lunch, when necessary, shall be discouraged in all CDCs.
- 18.2.5 Meal patterns shall include regular meals, as well as mid-morning and mid-afternoon snacks.
- There shall be no more than 3 hours or less than 2 hours between regular meals and snacks.
  - Children attending the CDC for more than 8 hours shall receive a minimum of two-thirds of their daily nutritional requirements at the CDC.
- 18.2.6 Copies of menus for the current week shall be provided to parents and/or posted where they can be reviewed.
- All substitutions of comparable food values must be recorded on the menus.
  - Menus should be dated and kept on file.

**FOOD SERVICE, cont.**

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- 18.2.7 Meals and snacks shall be conducted using family style meal service to contribute to the overall development and independence of the children being served.
- Age-appropriate utensils, opportunities to set the table, pour liquids and pass dishes shall be provided.
  - Plates, utensils, cups and glasses shall be the appropriate size.
  - Children shall be encouraged to serve themselves with consideration to good health and safety practices.
  - Caregivers shall sit at the table and eat with the children during meal service. This is not to be considered the employees' meal period.
- 18.2.8 Meals shall be relaxed and served with adequate time allowed for socializing.
- 18.2.9 Food shall not be used as a punishment or as a reward.
- 18.2.10 Children should be encouraged to taste new foods, but not be forced to eat.
- 18.2.11 Children shall not be excluded from meals.
- 18.2.12 An adequate amount of food shall be prepared to allow for second helpings of the four major food groups.
- 18.2.13 There shall be no access to vending machines by the children in the CDC.

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## 19.0 FACILITY STANDARDS

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**NOTE:** The requirements of this section do not apply to alternative care programs described in (Section 14) in which the parents remain in the facility and retain responsibility (i.e., are available in an emergency for their children).

19.1 Capacity. Each facility shall accommodate no fewer than 25 children and no more than 305 children.

19.2 Space Required. Each activity room used for care shall provide a minimum of 35 net square feet of useable floor space for each child.

19.2.1 Useable floor space is that which can be used by the child for activities or to play.

19.2.2 Useable floor space does not include closet or storage spaces, corridor(s), kitchen, toilets or diaper changing areas, or administrative or support spaces.

19.2.3 Space not consistently available to children, such as, but not limited to, isolation room or crib space, is also excluded.

19.2.4 An additional 25 square feet per child is required in infant areas for cribs.

19.2.5 Loading shall be computed for each room based on 35 useable square feet per child and shall not be exceeded.

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## **FACILITY STANDARDS, cont.**

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19.3 Space Components. CDCs shall provide space for the following components:

19.3.1 Activity Rooms. Space for appropriate age grouping of children which provides adequate area for developmental programs.

19.3.2 Infant Area. Separate space for infant care shall be provided.

- There must be space where crawling or toddling children can play separately on the floor.
- In new facilities or renovations, a minimum of 15 square feet per child should be provided for this purpose (from the net 35 square feet per child of clear usable floor space planned).

Example: In a room for 8 children, 120 square feet must be set aside for crawling and toddling.

19.3.3 Isolation Area. Space adjacent to the reception space or in administrative areas for children who become ill.

- The area shall consist of space for cot or crib. In new construction or renovations, access to toilet space should be provided.

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**FACILITY STANDARDS, cont.**

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- 19.3.4     Office Space. Space for administrative staff (program administrator, CDC director, assistant director).
- Additional space should be added to accommodate administrative requirements for FCC, alternative care, training/curriculum specialist, or program oversight.
  - This space is in addition to the allowable space for children.
- 19.3.5     Lobby/Reception Area. Area for signing children in and out, payment of fees, etc.
- 19.3.6     Staff Space. Lounge or teacher's preparation room.
- 19.4     Visual Access. Provision shall be made for visual access into all areas by the use of half-doors, glass panels in walls and doors, etc.
- 19.5     Location. CDCs shall be located away from areas of heavy traffic.
- 19.5.1     Parking and drop-off areas must be available so that children and parents can enter and leave the CDC without crossing a busy street or walking through other areas of traffic.
- 19.5.2     Additional planning factors to be considered include minimum exposure to excessive noise, vibration and vehicle exhaust.
- 19.5.3     CDCs are not permitted in basements or above the first floor level.

## **FACILITY STANDARDS, cont.**

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- 19.6 Facility Improvements/New Construction. Facility improvement projects will be executed in accordance with procedures outlined in the shore facility planning system.
- 19.6.1 Facility acquisition guidance for major and minor construction projects is contained in NAVFACINST 11010.44E and OPNAVINST 11010.20E (NOTAL) respectively.
- 19.6.2 BUPERS (Pers-656D), as program manager and technical lead planner, will review the architectural designs and specifications for all special projects and MILCON scope projects at the concept, 35 percent, and final 100 percent submission levels, for functional, operational and technical conformity with Navy program standards.
- 19.6.3 For new construction and renovations, facilities shall be modified to protect adults against allegations of child abuse/neglect. To accomplish this:
- Hand-washing fixtures shall be installed in the activity rooms rather than in the toilet areas so that children can be observed more easily during hand-washing.
  - In all new construction and renovation, consider maximum use of vision panels in walls and half walls with continuous glass in the upper half of the wall to ensure that all areas where children are receiving care are visually accessible.
  - Walls around toilets stalls shall be half walls to permit better viewing of toilet areas.
  - Playgrounds shall be constructed so that all areas can be viewed from the activity rooms which they serve.

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**FACILITY STANDARDS, cont.**

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- 19.7 Outdoor Playground. Playgrounds shall be based on 100 square feet per child for CDC of up to 100 children. When capacity is greater than 100 children, add 50 square feet for each additional child.
- 19.7.1 In existing CDCs where playground square footage requirements are not met, use of the playground shall be scheduled to allow maximum usage of space by minimum number of groups at one time.
- 19.7.2 Separate play areas with age appropriate equipment are required for children under the age of 36 months.
- 19.7.3 Playgrounds shall be immediately adjacent to the CDC.
- Children should have direct access to play area from inside activity rooms.
  - Part-day programs operating as sub-activities (see Section 14) may use playgrounds that can be reached by a route free from hazards and are no farther than 1/8 mile from the facility.
- 19.7.4 Playground design should permit staff members to easily supervise children and activities.
- There shall be adequate space between equipment. Playzones should be defined.

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## **FACILITY STANDARDS, cont.**

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- 19.7.5 The area shall be enclosed with at least a 5-foot high fence.
- Horizontal fencing should not be used.
  - Gates shall be securely fastened and opened by adults only. Gates and playground design should allow access by emergency vehicles. Staff shall have easy access to gate keys.
- 19.7.6 Playgrounds shall be free of trip, fall, and health hazards such as stones, gullies and drop off, holes, weeds, animal waste, and trash.
- 19.7.7 Walkways shall be constructed of asphalt, concrete or other suitable material which will not become muddy or slippery in wet weather.
- 19.7.8 Playgrounds shall have shade to protect children from excessive sun exposure.

19.8 Playground Equipment. By 1 October 1995 the design, construction, and installation of playground equipment shall conform to the United States Consumer Product Safety Commission playground safety standards for the specific ages of children using it. In addition to safety considerations, playground equipment shall be chosen to foster children's intellectual, social and emotional development as well as physical development. Type of equipment and placement must allow staff to supervise more than one area at a time.

- 19.8.1 Traditional playground equipment designed for school age children (swings, slides, seesaws, merry-go-rounds, monkey bars) are often associated with serious injury in young children and shall not be used.



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**FACILITY STANDARDS, cont.**

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- 19.8.2 Playground equipment with hazardous moving parts, openings or angles which can trap fingers, hands, feet or heads shall not be used.
- 19.8.3 Bolts, screws and edges shall have rounded surfaces.
- If possible, bolts shall be recessed or countersunk.
- 19.8.4 Manufacturer's assembly, installation, and maintenance instructions shall be used for all playground equipment.
- Ensure adequate drainage around all footings and connection points to prevent rust and rot.
  - Equipment requiring anchors shall be firmly supported.
  - Equipment shall be structurally sound with no bending, warping or splintering, etc., and be inspected for such regularly.
  - Equipment and fencing shall be free of any opening greater than 3.5 inches or less than 9 inches.
- 19.8.5 All anchoring devices for playground equipment, such as concrete footings or horizontal bars at the bottom of flexible climbers, shall be installed below the playing surface.

## **FACILITY STANDARDS, cont.**

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- 19.8.6 All playground equipment shall be installed over a resilient, impact absorbing surface, (e.g., resilient molded rubber mat safety surface, sand or pea gravel).
- Surface shall be well maintained and replaced as necessary.
  - If sand is used, 8 to 10 inches of non-compacted sand or equivalent is recommended.
  - Fall zones shall comply with Consumer Product Safety Commission requirements (minimum of 6 feet beyond equipment).
- 19.8.7 Playground equipment shall be appropriate for the size, age and developmental levels of the children using it.
- Platform equipment shall have rails. Spacing between rails shall comply with Consumer Product Safety Commission standards.
- 19.8.8 The height of equipment should be determined by the size of children using it.
- Generally, climbing above a child's own height increases risk and serves no play function.
- 19.8.9 There shall be adequate space between equipment. Playzones shall be defined that set them apart visually and functionally.
- 19.8.10 Playgrounds shall offer a variety of well-maintained surfaces such as grass, sand, and asphalt.

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**FACILITY STANDARDS, cont.**

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- 19.8.11 Equipment for similar age groups and requiring equal skill levels should be grouped together.
- Playgrounds should provide space for less active, quiet play as well as large muscle activities.
- 19.8.12 Selection of equipment should be based on appeal to children and not adults.
- Adult creations such as birds on springs, concrete or plastic animals are dangerous, serve limited play functions, and are of little value on the playground.
- 19.8.13 Equipment shall be selected which allows creative play and is not limited to one activity.
- 19.8.14 Locate equipment away from natural pathways of traffic.
- 19.8.15 Storage for wheel toys and other equipment shall be provided.
- 19.8.16 Poisonous plants, shrubs, and other potentially harmful natural materials may not be present on playgrounds.

## 20.0 HEALTH and SANITATION STANDARDS

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20.1 General. Each CDP shall promote the health and welfare of staff and children. Written policies and procedures shall be posted and available to staff and parents.

20.1.1 All CDC staff and FCC providers shall be trained on established procedures for handling emergencies and minor health problems.

20.2 Commanding officers of Navy medical treatment facilities shall, through their Preventive Medicine Services or Environmental Health officers, provide technical assistance and monthly health inspection support to CDPs operating under their jurisdiction.

20.2.1 A written inspection (see Section 32 for checklist) report shall be left with the CDC director and a copy forwarded to the installation commander noting all deficiencies and a time table for correction. Written documentation of corrective actions shall be kept on file in the CDCs.

20.2.2 A medical officer, preferably a pediatrician, shall be assigned as the point of contact for medical problems which may occur within CDPs.

20.2.3 A medical department representative shall participate on the commanding officer's annual multi-disciplinary team inspection to detect health hazards, ensure compliance with health and sanitation standards and make appropriate recommendations.

Examples of health hazards include:

- Lead-based paint
- Excessive lead in potable water

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## **HEALTH and SANITATION STANDARDS, cont.**

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- Asbestos or other hazardous insulating material used in construction or maintenance
- Carbon monoxide from heating equipment or local traffic
- Excessive noise

20.2.4 Written policies and procedures shall be developed with the assistance of the local health consultant to address the following areas:

- In-service training for all personnel in the rudiments of first aid, treatment of minor injuries and signs of illness
- Procedures for the handling of minor injuries, illnesses and special health problems such as lice, worms, impetigo and ringworms
- Policy relating to emergencies and issues such as parental permission and consent forms, transportation, etc.
- Criteria for exclusion of acutely ill children with the option of continued care of children with minor problems (diaper rash, allergic symptoms, eczema, etc.)
- Procedures for notification of appropriate authority of reportable communicable diseases, child abuse/neglect
- Criteria on a case-by-case basis for administration of medication when it is in the best interest of the child and within the capacity of program resources (see Section 6)

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**HEALTH and SANITATION STANDARDS, cont.**

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- 20.3 Facilities. Floors and walls shall be constructed of smooth, easily cleaned material and be free from hazards.
- 20.3.1 Smoking shall be prohibited in child development facilities and CDC playgrounds.
- 20.3.2 Use of ceramic tile in toilet facilities is undesirable, seamless linoleum is recommended.
- 20.3.3 Only non-toxic paint shall be used on painted surfaces.
- 20.3.4 Locked storage space shall be provided for the storage of cleaning and other chemicals.
- Cleaning supplies (except for bleach solution) shall not be stored in or directly off the rooms occupied by the children, in the kitchen or in the toilet facility.
- 20.3.5 The indoor environment shall be maintained at a temperature that protects the health of children. Inside winter design temperature should be 70°F at the floor. Inside summer design temperature should be 78°F.
- Temperature control should be by thermostat having a 70-78°F dead-band.
  - Relative humidity should be maintained between 50 percent and 70 percent, particularly in winter.
- 20.3.6 Floor furnaces, open grate gas heaters and electric space heaters shall not be used to heat areas occupied by children.
- Electric baseboard heating is acceptable.
  - Open fireplaces and combustion space heaters are prohibited.

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**HEALTH and SANITATION STANDARDS, cont.**

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- Steam or hot water radiators shall be effectively screened.
  - Fans shall have a protective safety net and be installed outside the reach of children.
- 20.3.7 All rooms must be well ventilated, without draft, by having windows that can be opened, air conditioning, or a ventilating system.
- All windows, and doors, shall remain closed unless securely fastened screens are installed for protection against insects.
  - Food service areas shall have adequate exhaust ventilation to remove excessive heat or humidity.
- 20.3.8 Water shall be of potable quality and meet the standards prescribed in BUMEDINST 6240.10.
- Drinking fountains shall be of sanitary design with a guarded angled drinking head.
  - Fountains for use by children shall be installed at a suitable height or platform steps provided for children's use.
  - Where drinking fountains are not utilized, single service individual drinking cups shall be provided in sanitary dispensers.
  - Drinking fountain should be available to the children on the playground.
- 20.3.9 Lighting levels shall be at 50 FC in reading rooms, 30 FC in adjoining areas and work areas and 10 FC in hallways or non-work areas.

## **HEALTH and SANITATION STANDARDS, cont.**

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- Glare-free lighting is recommended in all areas.
- Light fixtures shall be properly shielded or shatterproof bulbs must be used.
- Emergency lighting shall be provided at all building exits.

20.4 Toilet, Hand Washing and Diaper Changing Facilities. In facilities designed after the date of this instruction (new construction or renovation), a minimum of one child-sized flush type toilet and hand washing sink at child's level shall be provided for every 12 children, 3 - 6 years old.

20.4.1 For children 12 months to 24 months, one flush type toilet and hand washing sink for every five children shall be provided.

20.4.2 For children 2 to 3 years, one flush type toilet and hand washing sink for every seven children shall be provided.

20.4.3 In facilities designed prior to the date of this instruction, there shall be at least one nursery toilet chair for every four children who are being toilet trained or for whom toilet chairs are appropriate.

- Proper sanitation procedures after each use of toilet chairs shall be followed, (i.e., emptied into a toilet, cleaned in utility sink, sanitized and stored in toileting area.)
- Upgrades of toilet facilities shall be included in any major renovation project.



## **HEALTH and SANITATION STANDARDS, cont.**

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20.4.4 In facilities designed (new construction or renovation) after the date of this instruction, there shall be one diaper changing area with hot and cold running water provided for every eight children under the age of 12 months. Sinks used for diapering shall not be co-located with food service areas or sinks used for dish washing.

- Portable sinks are recommended as a temporary measure.
- When hand washing sinks are not available in diaper changing areas, waterless hand washing agents, such as 70 percent isopropyl alcohol or alcohol based hand washing agents, may be used to remove harmful bacteria, if employees hands are not visibly soiled.
- CDPs not meeting the requirement for running water in diaper change areas shall have a project certified and submitted within 12 months of the date of this instruction.
- Staff members whose hands become visibly soiled when changing diapers must wash them with soap and water before attending to other infants or doing other tasks.
- If disposable gloves are used, they must be discarded immediately and hands washed.
- All CDC personnel caring for infants/pre-toddlers/toddlers shall follow the diapering procedures as outlined by the National Center for Disease Control.
- Baby powder is known to cause lung irritation and shall not be used. Cornstarch is acceptable.

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**HEALTH and SANITATION STANDARDS, cont.**

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- 20.4.5 Surfaces of diaper changing area shall be sanitized with an approved solution (e.g., ¼ cup household bleach to one gallon of water). Disposable paper sheets, discarded after use, may be used. Wall surfaces adjacent to diaper changing areas shall be disinfected at least daily.
- 20.4.6 Diaper changing areas shall be supplied with dispensed liquid soap and disposable towels.
- 20.4.7 The child's hands shall be washed prior to washing the child's diaper area. Both the hands and child's diaper area shall be washed with a clean, damp, soapy cloth, then rinsed with a second cloth in the same order.
- Cloths must be laundered before reuse.
- 20.4.8 Disposable diapers shall be placed in cleanable, plastic-lined, covered containers. Containers are to be emptied into the exterior garbage areas at least twice a day.
- 20.4.9 All hand washing facilities shall be provided with hot and cold water, mixing faucets, and liquid soap and hand towel dispenser.
- Paper towels, liquid soap, etc., shall be at the child's level.
  - The temperature of hot water used by children shall not exceed 110°F.

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## **HEALTH and SANITATION STANDARDS, cont.**

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- 20.4.10 Separate toilet and hand washing facilities shall be provided for the isolation room in new construction or when renovating facilities.
    - In existing CDCs where separate facilities are not available, separate toilet facilities shall be designated for use by children who are ill.
  - 20.4.11 In facilities where only adult-sized toilets and sinks are available, platforms and steps for children shall be provided.
  - 20.4.12 Separate toilet and hand washing facilities shall be provided for staff members.
  - 20.4.13 Diapering and toilet/bathroom odors shall be controlled by ventilation and sanitation. Chemical air fresheners are discouraged.
- 20.5 Infection Control. Good hygiene is the best method of preventing the spread of germs and infections.
- 20.5.1 Staff and children must wash hands properly and frequently, using running water and liquid soap, and disposing of towels or tissues after one use. The hand-washing procedures prescribed by the National Center for Disease Control shall be used by all CDC personnel and children.
    - Staff and children shall wash their hands at least at the following times, and whenever hands are contaminated with body fluids:
      - Before food preparation, handling and serving
      - After toileting or changing diapers
      - After assisting a child with toilet use

## **HEALTH and SANITATION STANDARDS, cont.**

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- Before setting the table for meal times
  - Before and after eating meals or snacks
  - After wiping noses (own or child's)
  - After handling pets or other animals
- Tissues, soaps and towels should be stored where children can reach them without assistance.

20.5.2 All surfaces and equipment shall be cleaned with an Environmental Protection Agency (EPA)-approved disinfectant solution that does not contain phenol at least once a day.

- An EPA registration number should be on the label.
- Household bleach (5.5 percent chlorine) may be used in a solution consisting of  $\frac{1}{4}$  cup bleach to 1 gallon of water for routine disinfecting after the surface has been cleaned with detergent and water. Solution must be made fresh daily.

**NOTE:** Use 1 part bleach to 10 parts water for cleaning blood spills.

20.5.3 Equipment/toys shall be thoroughly washed with hot water and detergent. Surfaces shall be wiped with chlorine bleach solution or other approved disinfectant and allowed to air dry for 10 minutes.

- Toys, table toys and other similar equipment used by children over 3 years must be washed and disinfected at least weekly or when soiled.
- Toys used by children under 36 months shall be cleaned and disinfected daily.

**HEALTH and SANITATION STANDARDS, cont.**

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- Toys that are placed in a child's mouth or otherwise soiled shall be cleaned/disinfected before being handled by another child.
  - See Section 20.12.3 for cot and crib cleaning requirements.
- 20.5.4 Staff shall use rubber gloves when cleaning up after a child who is sick, bleeding extensively, or when handling soiled clothing or linens.
- Walls, floors, bathrooms, tabletops and other contaminated surfaces shall be cleaned using an approved disinfectant.
- 20.5.5 Cloth diapers may be used if furnished by and returned to the parents or designated representative at the end of each day.
- Diapers shall be marked with the child's full name.
  - Soiled cloth diapers shall be placed in a securely fastened plastic bag provided by the parent and returned daily.
  - Staff shall avoid handling soiled clothing - it shall be sent home un-rinsed.
- 20.5.6 All surfaces touched during diapering (table, sink, bottles, etc.) shall be cleaned with an EPA-approved disinfectant detergent solution that does not contain phenol or general purpose detergent followed by a chlorine solution rinse.
- 500 ppm free available chlorine or approximately ¼ cup of household bleach per gallon of water.

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**HEALTH and SANITATION STANDARDS, cont.**

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20.6 Laundry Facilities. CDCs that provide laundry services shall be operated per NAVMED P-5010-1, Chapter 2.

20.6.1 Articles subjected to laundering shall contain no objects or substances which may be harmful to persons handling or wearing the articles.

20.6.2 Laundered articles shall be stored in a clean location and protected against contamination.

20.6.3 Storage of dirty laundry shall be separate from clean laundry, food or other supplies and not accessible to children.

20.7 Waste Disposal. Solid wastes, garbage and disposable diapers shall be kept in durable, leak-proof, non-absorbent waste containers. Containers in kitchen and diaper changing areas shall be provided with tight-fitting lids. Soiled diapers shall not be stored in play, sleep or food areas.

20.7.1 A sufficient number of containers shall be provided to prevent overfilling.

20.7.2 Containers shall be provided with suitable plastic liners and cleaned frequently to prevent odor and pest harborage.

- Containers shall be emptied and cleaned as necessary and at the close of each working day.
- Cleaning shall be done in such a manner as to prevent contamination of the facility.

20.7.3 Combustible materials shall not be kept in plastic containers.

20.8 Pest Control. Operations shall be per NAVMED P-5010-8.

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## **HEALTH and SANITATION STANDARDS, cont.**

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- 20.9 Food Service Operations. Personnel responsible for the selection of meals and/or snacks should have a basic knowledge of nutritional needs of children, and should consult with the pediatric or dietary staff of the medical department.
- 20.9.1 All food service equipment, including refrigerators, shall meet National Sanitation Foundation or equivalent standards.
- 20.9.2 Formula and juices prepared at home shall be identified for the appropriate child by the parents, and refrigerated until used.
- 20.9.3 Baby food provided by parents shall be labeled and refrigerated after opening and sent home at the end of each day.
- All infants shall be held for bottle feedings.
  - Only plastic bottles will be used for children above 6 months. Ready to serve juices sold in glass bottles may be used for children under 6 months providing the caregiver holds the infant during feeding.
  - The use of bottles for children over 1 year old should be discouraged.
  - Microwave ovens shall not be used for warming bottles or containers of food for infants and pre-toddlers.
- 20.9.4 Single-service dishware and/or eating utensils may be used.
- Where multi-use cooking utensils and/or dishware are used, they shall be washed and sanitized per NAVMED P-5010-1, Food Service Sanitation, revised 1991.

**HEALTH and SANITATION STANDARDS, cont.**

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- 20.9.5 When food services are provided, all facilities shall meet the structural and sanitary requirements in NAVMED P-5010-1, chapter 1, revised 1991.
- 20.9.6 Food procurement, storage, preparation and dishwashing shall follow NAVMED P-5010-1, chapter 1.
- 20.9.7 All CDC directors and staff personnel who engage in food service operations shall complete training in sanitary food service operations.
- Training will be provided by the cognizant Navy medical treatment facility, or the area Navy Environmental and Preventive Medicine Unit.
- 20.10 Custodial and Housekeeping Service. Custodial services shall be provided for all spaces and contents within the CDC.
- 20.10.1 Installation custodial contracts which incorporate CDC cleaning services should be reviewed jointly by the CDC director and the health proponents to ensure provision of adequate services as listed herein.
- 20.10.2 SOPs for custodial and housekeeping services shall include the following:
- Work will be executed by support personnel employed solely for this purpose.
  - Caregivers shall not perform custodial services with the exception of wiping tables and high chairs, sweeping floors, etc., after program activities and meal service, to maintain functional orderliness and cleanliness.



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**HEALTH and SANITATION STANDARDS, cont.**

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- All custodial equipment, supplies, and materials shall be approved by the health consultant or safety officer. This equipment will comply with all federal specifications and fire regulations.

20.10.3 All custodial and housekeeping services will be performed according to the following guidelines:

- Child routines will not be disturbed by custodial activities. The majority of daily cleaning will take place when the CDC is not in operation and the children are not present.
- Hallways, stairways, entrances, and doorways will not be obstructed by any cleaning or maintenance operations or storage of equipment and materials.
- Custodial supplies and equipment will be properly stored in locked cabinets or closets away from child activity rooms.

20.10.4 The following custodial services will be provided daily:

- Entrance ways, steps, floors swept
- All carpeted surfaces vacuumed
- Floors, stairs, entrance ways, and landings mopped with sanitizing solution
- Scrubbed with approved disinfectant:
  - Toilet bowls
  - Urinals
  - Wash basins
  - Kitchen equipment and appliances

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**HEALTH and SANITATION STANDARDS, cont.**

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- Food service areas
- Drinking fountains
- Waste containers
- Furniture, equipment, and surfaces within the reach of children dusted
- Mirrors, metal door plates, bathroom and kitchen fixtures, and all metal fittings wiped
- Entrance doors, door frames, switches, paper towel dispensers, and any other surfaces cleaned as required
- Grounds policed for trash, debris, and safety hazards
- Sidewalks, driveways swept or cleaned as needed

20.10.5 The following custodial services will be provided weekly:

- Walls, woodwork, and partitions in child activity spaces and bathrooms scrubbed
- Ledges, window sills and blinds, walls, woodwork, handrails, light fixtures, ducts, air conditioning/heating units, and other surfaces where dust collects dusted

20.10.6 Carpets in infant/pre-toddler/toddler areas must be cleaned or shampooed at least monthly or when soiled. Carpets in other areas must be cleaned or shampooed at least quarterly or when soiled.

## **HEALTH and SANITATION STANDARDS, cont.**

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20.10.7 The following custodial services will be provided when needed:

- Cleaning of window coverings
- Washing of all windows (inside and outside) and screens
- Waxing and buffing of floors
- Cleaning of upholstered furniture and other miscellaneous furniture and/or surfaces

20.11 First Aid Kit. A first aid kit shall be located in the CDC and include materials for the emergency cleansing and protection of wounds, including an antiseptic, bandages, dressing and tweezers.

20.11.1 The cognizant local medical department should specify content of the first aid kit and provide training in the use of the first aid items as necessary.

20.11.2 Contents of first aid kits shall be checked monthly and replenished as necessary.

20.12 Nap/Sleeping Provisions. Infant cribs shall be spaced at 36-inch intervals laterally or end-to-end, if the ends are of solid construction. Crib construction shall preclude wedging or entrapment of child's body between the slats, bars, or other component parts. Distance between crib slats shall not be more than 2 3/8 inches.

20.12.1 Mattresses provided by the CDC shall be covered by moisture proof underpinning.

20.12.2 Stainless steel or other easily sanitized material shall be used for crib construction. Wooden cribs shall not be used.

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**HEALTH and SANITATION STANDARDS, cont.**

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20.12.3 A separate crib or cot shall be assigned to each child in regular attendance.

- The use of mats, rugs or other materials placed directly on the floor are not an acceptable substitute.
- Cots shall be labeled for individual child use.
- Cots shall be cleaned with approved products at least weekly. Cribs shall be cleaned on a daily basis. Cribs and cots shall be cleaned with approved products after each use whenever used by different children.
- Hourly care programs shall ensure that cribs and cots are thoroughly cleaned between each use.
- When using cots, adjacent children shall be placed in alternating head-to-foot positions for sleeping.
- There shall be a minimum of 3 feet between cots.

20.12.4 Clean linens and blankets sufficient to maintain comfort should be provided by the CDC or parents.

- Linens and blankets used by the same child shall be washed weekly.

20.12.5 When soiled by body wastes, cribs and beds must be cleaned and disinfected using an EPA-approved disinfectant detergent solution that does not contain phenol or a general purpose detergent followed by a chlorine solution rinse.

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## **HEALTH and SANITATION STANDARDS, cont.**

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20.13 Child Admission Requirements. A registration form for each child must be completed by parents prior to admission and be updated at least annually or as necessary.

- A copy of this registration form with preparation instructions is located in Section 32.

20.13.1 No child may be admitted to a CDP without current immunizations against tetanus, diphtheria, pertussis, poliomyelitis, and Haemophilus influenza type B.

### **ONLY EXCEPTIONS:**

- Where religious beliefs preclude.
- Clear medical contraindication exists.

20.13.2 Certification that immunizations are current shall be obtained from the cognizant medical facility prior to admission.

20.13.3 Local disease profiles may require additional immunization.

- The local medical department consultant (e.g., pediatric and/or preventive medicine service) should be contacted regarding any additional requirements.

20.13.4 Program personnel shall be knowledgeable of current immunization requirements as advocated by the local medical departments.

20.13.5 Screening children for the presence of the HIV antibody prior to program entry is not warranted or recommended.

20.13.6 Minimum immunization requirements are included in the table found on the next page.

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**HEALTH and SANITATION STANDARDS, cont.**

<b>IMMUNIZATION REQUIREMENTS</b>		
<b>AGE AT ENTRY</b>	<b>VACCINE</b>	<b>TOTAL DOSES RECEIVED</b>
<b>Younger than 2 months</b>	<b>DTP</b>	<b>1 dose, beginning at age 6 weeks</b>
	<b>Polio</b>	<b>1 dose, beginning at age 6 weeks</b>
	<b>HbCV</b>	<b>1 dose, beginning at age 6 weeks</b>
	<b>Hepatitis B</b>	<b>1 dose, beginning at birth. STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>
<b>2 to 3 months</b>	<b>DTP</b>	<b>1 dose</b>
	<b>Polio</b>	<b>1 dose</b>
	<b>HbCV</b>	<b>1 dose</b>
	<b>Hepatitis B</b>	<b>1 to 2 doses, depending on the age for 1st dose. STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>
<b>4 to 5 months</b>	<b>DTP</b>	<b>2 doses</b>
	<b>Polio</b>	<b>2 doses</b>
	<b>HbCV</b>	<b>2 doses</b>
	<b>Hepatitis B</b>	<b>2 doses. STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>
<b>6 to 14 months</b>	<b>DTP</b>	<b>3 doses</b>
	<b>Polio</b>	<b>2 doses</b>
	<b>HbCV</b>	<b>2 to 3 doses, depending on the age for 1st dose</b>
	<b>Hepatitis B</b>	<b>3 doses, with dose 3 anytime between age 6 and 18 months. STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>
	<b>Influenza</b>	<b>2 doses, if receiving influenza vaccine for the first time; 1 dose, yearly, in subsequent years. STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>

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**HEALTH and SANITATION STANDARDS, cont.**

<b>IMMUNIZATION REQUIREMENTS</b>		
<b>AGE AT ENTRY</b>	<b>VACCINE</b>	<b>TOTAL DOSES RECEIVED</b>
<b>15 to 17 months</b>	<b>DTP/DTaP</b>	<b>3 doses</b>
	<b>Polio</b>	<b>2 doses</b>
	<b>HbCV</b>	<b>1 to 3 doses (4 doses with HibTITER), depending on age for 1st dose</b>
	<b>MMR</b>	<b>1 dose of each, separately or combined, on or after the first birthday (preferably at age 15 months).</b>
	<b>Hepatitis B</b>	<b>3 doses. STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>
	<b>Influenza</b>	<b>2 doses, if receiving influenza vaccine for the first time; 1 dose, yearly, in subsequent years. STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>
	<b>PPD</b>	<b>1 skin test, yearly, beginning at age 15 months. STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>
<b>18 to 47 months</b>	<b>DTP/DTaP</b>	<b>4 doses</b>
	<b>Polio</b>	<b>3 doses</b>
	<b>HbCV</b>	<b>1 to 3 doses (4 doses with HibTITER), depending on age for 1st dose</b>
	<b>MMR</b>	<b>1 dose of each, separately or combined, on or after the first birthday (preferably at age 15 months).</b>
	<b>Hepatitis B</b>	<b>3 doses. STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>
	<b>Influenza</b>	<b>2 doses, if receiving influenza vaccine for the first time; 1 dose, yearly, in subsequent years. STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>
	<b>PPD</b>	<b>1 skin test, yearly. STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>

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**HEALTH and SANITATION STANDARDS, cont.**

IMMUNIZATION REQUIREMENTS		
AGE AT ENTRY	VACCINE	TOTAL DOSES RECEIVED
4 to 6 years	DTP/DTaP	At least 4 doses. Five doses required if the 4th dose was given before the 4th birthday.
	Polio	At least 3 doses. Four doses required if the 3rd dose was given before the 4th birthday.
	HbCV	For ages less than 5 years, 1 to 3 doses (4 doses with HibTITER), depending on age for 1st dose
	MMR	1 dose of each, separately or combined, on or after the 1st birthday (preferably at age 15 months). 1 more dose of measles, separately, or MMR vaccine given between ages 4 to 6 years.
	Hepatitis B	3 doses. <b>STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>
	Influenza	2 doses, if receiving influenza vaccine for the first time; 1 dose, yearly, in subsequent years. <b>STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>
7 to 12 years	PPD	1 skin test, yearly. <b>STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>
	Td	At least 3 doses. One more Td dose is required if the last DTP dose was given before the 4th birthday.
	Polio	At least 3 doses. Four doses required if the 3rd dose was given before the 4th birthday.
	MMR	1 dose of each, separately or combined, on or after the first birthday (preferably at age 15 months). 1 more dose of measles, separately, or MMR vaccine between ages 4 and 12 years.
	Hepatitis B	3 doses. <b>STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>
	Influenza	2 doses, for children between ages 7 and 8 years, if receiving influenza vaccine for the first time; 1 dose, yearly, in subsequent years. For children age 9 years and older, 1 dose yearly. <b>STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>
	PPD	1 skin test, yearly. <b>STRONGLY RECOMMENDED BUT NOT REQUIRED.</b>

Those requirements are based, in part, on the recommendations of the Advisory Committee on Immunization Practices and the American Academy of Pediatrics as of August, 1992. Format from Title 17, California Code.

## Vaccine key:

DTP: diphtheria, tetanus, and pertussis.  
DTaP: diphtheria, tetanus, and "acellular" pertussis which is licensed for use in children ages 15 months to 7 years  
Td: diphtheria, tetanus toxoids given to children ages 7 years and older since pertussis immunization is not required at ages 7 years and older  
HbCV: *Haemophilus influenza* type b conjugate vaccine. HbOC (HibTITER) and PRP-OMP (PedvaxHIB) are licensed for children ages 2 months and older.  
PRP-D (ProHIBit) is licensed for children age 12 months and older.  
MMR: measles, mumps, and rubella  
PPD: Mantoux (5 TV Intradermal) tuberculin skin test. Multiple-puncture skin test devices are not acceptable for tuberculosis screening.



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## **HEALTH and SANITATION STANDARDS, cont.**

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20.13.7 Immunization requirements are a condition of attendance.

- When entering the program, parents may be given 10 working days to secure the necessary medical certification.
- When immunizations are not given due to religious beliefs, a waiver signed by the parent shall be kept on file.
- When more than 10 percent of the children in care are not immunized, parents must be notified that the risk of spread of preventable disease exists.
- Failure to present certification shall result in the expulsion of the child until such time as certification is provided.
- When immunizations are interrupted due to a medical condition, a statement from the health care provider shall be kept on file.
- CDCs shall establish record follow-up systems to ensure children receive any remaining immunizations.
- Individuals who have not been immunized, including those with medical and religious exceptions shall be excluded from the CDC during an outbreak of contagious disease.
- Up-to-date list of such individuals shall be on file in the CDC.
- CDCs shall establish procedures that ensure compliance with additional immunization requirements.

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**HEALTH and SANITATION STANDARDS, cont.**

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20.13.8 No child may be accepted for care who is obviously acutely ill. Staff should check children upon arrival for the following:

- Unusual spots or rashes
- Infected skin or crusty patches
- Feverish appearance
- Temperature of 101°F oral or 100°F axillary (armpit)
- Severe coughing, difficulty in breathing, yellowish skin or eyes
- Eyes that are irritated, swollen or with discharge
- Impetigo
- Scabies
- Ringworm
- Chicken pox
- Head lice
- Strep throat
- Conjunctivitis
- Persistent (more than 24 hours) diarrhea or vomiting
- Symptoms of contagious diseases such as mumps and measles

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## **HEALTH and SANITATION STANDARDS, cont.**

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- 20.13.9 Parents shall certify, as part of the admission procedure, that their child is free from obvious illness and is in good health.
- Parents shall also note any known allergies to food or other substances.
  - Parents shall be made aware of policies concerning exclusion or acceptance during admission procedures and in parent handbook.
- 20.13.10 Parents shall complete an authorization release for emergency medical care as part of the admission procedure.
- Appropriate telephone numbers will be kept on file where the parent(s) and/or a person designated by the parent(s) to be responsible may be reached.
  - Telephone numbers shall be reviewed regularly and kept current.
- 20.13.11 The cognizant, most qualified medical department specialty (e.g., pediatric service) shall be consulted for input into the medical criteria used to admit or refuse admission to CDPs.
- It is recommended that children be examined by a physician annually.

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**HEALTH and SANITATION STANDARDS, cont.**

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20.14 Screening for Illness. Children shall not be denied admission, sent home or excluded unless one or more of the following conditions exist:

- Child shows signs of an illness that prevents him/her from participating in activities,
- Illness results in greater care needed than the CDC staff can provide without compromising the health and safety of the other children.
- Temperature: Oral temperature 101° or greater; or axillary temperature 100° or greater--until temperature is normal. (Fever may or may not preclude a child's participation in the program. Consult with the local medical contact for guidance.)
- Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs) - until medical evaluation allows inclusion
- Uncontrolled diarrhea: increased number of stools, increased stool water, and/or decreased form that is contained by the diaper - until diarrhea stops
- Vomiting illness: two or more episodes in the previous 24 hours
- Rash with fever or joint pain: until health care provider determines communicable disease is not indicated
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after treatment has been initiated
- Scabies, head lice, or other infestation, until 24 hours after treatment has been initiated
- Tuberculosis, until a health care provider or health official states that the child can attend child care

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## **HEALTH and SANITATION STANDARDS, cont.**

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- Impetigo, until 24 hours after treatment has been initiated
  - Haemophilus influenza type B (HIB) and meningococcal infection, until approved by health care provider
  - Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever
  - Chicken pox, at least until 6 days after onset of rash, but in any event, not until all sores have dried and crusted
  - Pertussis, until 5 days of appropriated antibiotic treatment has been received
  - Mumps, until 9 days after onset of parotid gland swelling
  - Hepatitis A virus as directed by the appropriate health official
  - Measles, until 6 days after onset of rash
  - Rubella, until 6 days after onset of rash
- 20.14.1 Parents or individual specified in writing shall be notified to pick up the child immediately. Children shall be isolated until leaving the CDC and shall not return until sufficient time/treatment has elapsed.
- 20.14.2 The ill child shall have a staff member in constant attendance.
- 20.14.3 Emergency medical care and ambulance telephone numbers shall be posted in a conspicuous place near the telephone.
- 20.14.4 Whenever exposure to a communicable disease has occurred, the cognizant Navy medical treatment facility's Preventive Medicine Service shall be contacted for recommendations regarding control measures.

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**HEALTH and SANITATION STANDARDS, cont.**

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20.14.5 Parents of all children shall be notified when children have been exposed to the following:

- Bacterial meningitis (H flu)
- Neisseria meningitis
- Pertussis
- Streptococcal infections
- Scarlet fever
- Chicken pox
- Lice or scabies
- Giardia lamblia diarrhea
- Hepatitis A virus infections

20.15 Oral Health. Children over 2 years of age enrolled for full-time care shall brush their teeth after lunch with fluoride toothpaste.

20.15.1 Children over age 4 shall brush their own teeth with direct supervision.

20.15.2 Each child shall have a personally labeled toothbrush.

20.15.3 Toothbrushes shall be stored so they do not drip on other toothbrushes, separate from one another and exposed to the air to dry, and not in contact with any surface.

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**HEALTH and SANITATION STANDARDS, cont.**

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20.16 Medications. It is preferable that medications not be administered in the CDC.

- 20.16.1 When possible, parents and physicians should be requested to adjust medication schedules so that medication need not be administered by staff.
- 20.16.2 The decision to administer medication should be made on a case-by-case basis with consideration given to the needs of the child and family circumstances. (See Section 6.)
- 20.16.3 Only topical, non-prescription medication shall be administered. Medications shall be provided by parents daily with written directions for use. Over the counter oral medications shall not be administered.

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## 21.0 FIRE PROTECTION and SAFETY STANDARDS

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- 21.1 Building Standards. Fire protection criteria for all Navy CDCs is provided through Military Handbook (MIL-HDBK) 1008, Fire Protection for Facilities Engineering, Design and Construction. In addition to the following guidance, MIL-HDBK-1008 must be consulted for the latest and definitive criteria revisions.
- 21.1.1 The construction and fire protection criteria for CDCs shall also conform to the requirements for Educational Occupancies as outlined in the National Fire Protection Association (NFPA) 101, Life Safety Code except as noted in the following paragraphs.
- 21.2 Applicable Criteria. Construction and fire safety criteria applicable to any existing structure are those that were in effect at the time of its construction or most recent renovation, and criteria specifically stated for existing occupancies in NFPA 101, Life Safety Code.
- 21.2.1 Compliance with current criteria as detailed here is required for new construction or renovation of any CDC.
- 21.2.2 "Grand-fathering" (deferment of new criteria and code requirements) is strictly limited to the period prior to the next renovation or addition to an existing CDC which is otherwise in full compliance with criteria applicable at the time of construction or latest renovation.
- 21.2.3 Naval Facilities Engineering Command (NAVFACENGCOM) and BUPERS encourage all commands to upgrade existing CDCs to meet revised criteria at the earliest opportunity.
- 21.2.4 See paragraph 21.19, Compliance Inspections, for the methods used to evaluate criteria compliance through inspections. See paragraph 21.20 for guidance for implementation of corrective actions for non-compliance conditions.



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**FIRE PROTECTION and SAFETY STANDARDS, cont.**

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- 21.2.5 After the date of this instruction, a facility assessment to determine compliance with fire protection standards is required prior to the beneficial occupancy of any new or renovated CDC facility. This assessment shall be coordinated by NAVFACENGCOM and BUPERS.
- 21.3 Staffing Levels. Staffing levels should meet or exceed those listed in Section 12 of this instruction.
  - 21.3.1 It is acknowledged that these staffing levels are less than the recommended staffing levels specified by NFPA 101 Life Safety Code; therefore, to compensate for the less than recommended staffing levels, the additional requirements as outlined in paragraphs 21.4 and 21.5 shall apply.
- 21.4 Automatic Sprinklers. An automatic sprinkler system shall be provided throughout the entire building containing the CDC. Partial sprinkler systems are not permitted.
  - 21.4.1 Sprinkler water flow alarms shall be connected to the fire alarm evacuation system.
  - 21.4.2 Sprinkler heads in areas occupied by children shall be Underwriters Laboratory (UL)-listed or Factory Mutual (FM)-approved, commercially rated, quick-response heads with "ordinary" temperature ratings.

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**FIRE PROTECTION and SAFETY STANDARDS, cont.**

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21.4.3 Depending on type of construction, sprinklers were not required for some CDC facilities constructed, renovated, or occupied prior to issuance of OPNAV 1700.9B, dated 29 April 1988.

- In older facilities that are not sprinkler protected, the type of construction must comply with the applicable edition of OPNAV Instruction 1700.9 that was in effect at the time the facility was constructed, renovated, or occupied as a CDC.
- If a building is sprinkler protected, any type of construction is allowable.

21.5 Fire Alarm Systems. A supervised, local emergency fire alarm evacuation system is required throughout the entire building.

21.5.1 The fire alarm system shall include:

- Complete automatic smoke detection
- Manual pull stations
- Audiovisual alarm indicating devices
- Connections to the sprinkler water flow alarms

21.5.2 The system shall automatically transmit alarms to the fire department.

- Wherever automatic transmission of alarms is not possible, an alternate means of transmission, approved by the local Fire Marshal or cognizant installation personnel will be required.

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## **FIRE PROTECTION and SAFETY STANDARDS, cont.**

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- 21.6 Exits. Exits shall be provided in accordance with the Educational Occupancies Section of NFPA 101 Life Safety Code except that at least one exit door shall lead directly to the outside from each activity room.
- 21.6.1 Dead end corridors are not permitted.
- 21.6.2 Exit doors from any rooms which are to be used for infant care shall be sufficiently wide to permit rolling cribs from their room(s) directly to the outside of the building away from any danger or hazards.
- Sufficiently wide equates to 36 inches in clear width, or the width of the evacuation crib plus 6 inches, whichever dimension is greater.
- 21.6.3 All exit doors shall be equipped with pressure-activated, panic hardware.
- 21.6.4 Provide low profile thresholds and ramps for all changes in elevation.
- 21.6.5 Provide appropriate escape paths with hardened surfacing (e.g., asphalt, concrete, etc.) leading away from the building.
- 21.7 Interior Finish Materials. The interior finish of exit access corridors and rooms used by children shall have a flame spread rating of 25 or less and a smoke developed rating of 50 or less when tested in accordance with American Society for Testing and Materials (ASTM) E-84 (NOTAL).
- 21.7.1 Other areas must have a flame spread rating of 75 or less and smoke developed rating of 100 or less.

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**FIRE PROTECTION and SAFETY STANDARDS, cont.**

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- 21.7.2 Carpet systems (carpet and cushion tested together as they will be installed) shall comply with Consumer Product Safety Commission (CPSC)-16 CFR 1630, Standard for Surface Flammability of Carpets and Rugs (NOTAL), and have a minimum average critical radiant flux of 0.50 watts per square centimeter.
- 21.8 Mixed Occupancies. Where CDC's are located in buildings containing other occupancies, the CDC shall be completely separated from all other occupancies by 1-hour fire-rated construction. Automatic sprinkler protection is a separate requirement, and does not constitute a substitute for 1-hour fire-rated construction.
- 21.9 Siting Requirements. The CDC shall be located only on the level of exit discharge which leads directly to the outside.
- 21.9.1 CDCs are not permitted in basements, above first floor levels (assuming the first floor to be the level of exit discharge).
- 21.9.2 CDCs are not permitted in buildings that house:
- Fuel storage shops
  - Maintenance shops including woodworking and painting areas, laundries and large kitchens (laundries and kitchens relating to CDPs are permitted)
  - Other areas which may be equally or more hazardous.
- 21.10 Height and Area Limits. Height and area limits and separation distances shall comply with the Uniform Building Code (UBC) as prescribed by MIL-HDBK-1008.

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## **FIRE PROTECTION and SAFETY STANDARDS, cont.**

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- 21.11 Fire Extinguishers. Operational fire extinguishers shall be provided in accordance with NFPA 10. Extinguishers shall be located in cabinets.
- 21.12 Fire Prevention. Monthly fire protection inspections and exit drills shall be conducted by cognizant installation personnel. (See Section 32.)
- 21.12.1 Discrepancies shall be noted and time tables for correction provided.
- A written report shall be left with the CDC director and a copy forwarded to the cognizant department head following each inspection and exit drill.
  - Time of fire drills shall be varied to ensure evacuation is possible during all hours of operation.
- 21.12.2 A daily attendance record shall be maintained by the CDC staff in each activity space and shall be kept readily available for conducting "head counts" of evacuees outside the building in the event of fire or other emergency.
- 21.12.3 Occupancy load based on 35 usable square feet per child and evacuation procedures shall be posted at the entrance of each activity room.
- Section 19.2 defines usable space.
- 21.12.4 The use of highly combustible furnishings and decorations are not permitted (regardless of sprinkler protection).
- 21.12.5 Art work and teaching materials attached to the walls shall not exceed 20 percent of the wall area.

**FIRE PROTECTION and SAFETY STANDARDS, cont.**

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21.12.6 Wastebaskets and other waste containers shall be of non-combustible materials.

21.12.7 Unvented, fuel-fire room heaters and portable electric space heaters shall not be permitted.

21.13 Safety Design

21.13.1 Every closet door latch shall be such that children can open the door from inside the closet.

21.13.2 CDCs shall not be located in windowless buildings.

21.13.3 Each room utilized as program space shall have at least one window or glazed opening to the building exterior. This window or glazed opening may be part of the direct exit door from the activity room.

21.14 Walking/Working Surface Hazard Protection

21.14.1 Each area shall be kept free from protruding nails, splinters, holes or loose boards.

21.14.2 Aisles and passageways shall be kept clean and in good repair with no obstructions across or in aisles that could create a tripping/emergency evacuation hazard.

## **FIRE PROTECTION and SAFETY STANDARDS, cont.**

### **21.15 Fall Protection**

- 21.15.1 Changes in elevation having two or more risers shall be provided with stair railings or handrails appropriate for use by children and CDC staff. Additionally, tread depth for each step shall be a minimum of 13 inches in accordance with NFPA 101, Life Safety Code.
- 21.15.2 Covers and/or guard rails shall be provided to protect personnel from hazards of openings, falls from elevations, etc.
- 21.15.3 Injury potential of falls shall be minimized by reducing exposed or unfinished hard surfaces wherever possible.

### **21.16 Electrical and Mechanical Hazard Protection**

- 21.16.1 Extension cords are prohibited.
- 21.16.2 A ground fault circuit interrupter (GFCI) shall be provided for each circuit servicing toilets, kitchens, laundry facilities, exterior receptacles, and sink areas.
- 21.16.3 Electrical installation and equipment shall comply with the requirements of the NFPA 70, National Electrical Code.
- 21.16.4 Electrical receptacles located in child activity areas occupied by children under 5 years of age shall be protected by protective non-metallic caps in conjunction with the standard grounded receptacle and/or shall be controlled by a separate switch permitting them to be de-energized when not necessary for use.
- 21.16.5 In new construction receptacles shall be located at least 54 inches above the floor and out of the reach of children.

**FIRE PROTECTION and SAFETY STANDARDS, cont.**

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- 21.16.6 The periphery of fan blades located less than 7 feet above the floor or working level shall be guarded with openings no larger than one-half inch.

21.17 Environmental and Toxic Hazard Protection

- 21.17.1 Exposure to toxic and hazardous substances such as lead paint, asbestos, formaldehyde, termiticide, cleaning supplies, etc., shall be eliminated or controlled.
- 21.17.2 Exposure to poisonous, toxic, or other hazardous plants, shrubbery or trees shall be eliminated by removal and replacement with acceptable materials if possible.
- 21.17.3 Potential exposure to bacteria or toxicological hazards shall be avoided by sanitizing tables in eating areas which are used for play, art and other activities.
- 21.17.4 Noise exposure to personnel within the facility shall not exceed 85 db(A).
- 21.17.5 Tack strips will be replaced with clip strips or magnetic holders which do not present puncture or ingestion hazard posed by loose tacks.

21.18 Emergency Procedures

- 21.18.1 Training and drills shall be conducted and documented for all staff on various emergency procedures.



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## **FIRE PROTECTION and SAFETY STANDARDS, cont.**

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21.19 Compliance Inspections. Compliance of each Navy CDC with the applicable fire protection and safety criteria will be established through the following inspections. Deficiencies termed "priority" or hazard, or deemed as potentially life threatening represent an imminent hazard to children and are potential causes for closure of the CDC. These must be corrected within 90 days (as outlined in Section 4.6).

21.19.1 Fire Protection Engineering Surveys (FPES) are performed by NAVFACENGCOM personnel on a regular basis.

- This is an engineering evaluation of facilities with respect to fire protection and life safety.
- Engineering recommendations on a FPES report represent serious fire protection deficiencies or life safety hazards for which corrective action must be taken.
- If there is a CDC facility which has not been evaluated during a fire protection engineering survey at an activity, an Engineering Services Request (ESR) should be forwarded to the NAVFACENGCOM Engineering Field Division (EFD) for a FPES of the CDC.

21.19.2 Monthly fire protection inspections (as stipulated in paragraph 21.12) are performed by cognizant installation fire/safety personnel. See Section 32 for checklist.

- These inspections will include fire evacuation drills and compliance with the fire protection requirements of this instruction.

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**FIRE PROTECTION and SAFETY STANDARDS, cont.**

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- At least one unannounced comprehensive fire and safety inspection per year is performed by installation fire/safety personnel. This inspection will also include a summary review of the material condition and maintenance of the facility from a fire/safety standpoint.

21.20 Implementation of Corrective Action. The commanding officer shall be responsible for ensuring correction of fire protection deficiencies and life safety hazards.

21.20.1 Correction of these deficiency items means completion of any repairs or renovations required to bring the CDC into compliance with applicable criteria.

21.20.2 In cases where completion of these required repairs or renovations are unrealistic within the prescribed period, a Secretary of the Navy (SECNAV) waiver (Section 4.6) is required. Waiver requests must include a plan of action for corrections.

21.20.3 Facility closure is warranted when:

- The CDC possesses imminent, life-threatening, "priority" deficiencies as determined by fire/safety authorities.
- The command fails to complete a plan of corrective action.
- See Section 4.6.1.

**27 OCT 1994****22.0 FAMILY CHILD CARE (FCC) STANDARDS**

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22.1 Purpose. The purpose of a FCC program is:

- To ensure minimum standards for the care and protection of children away from their homes
- To encourage and assist FCC providers
- To expand availability of services for families

22.2 Definition. FCC is defined as care provided by private individuals in their government (owned or leased) family housing unit.

22.2.1 Care is on a regular basis, full-time or part-time, for more than 10 hours a week.

22.2.2 The maximum number of children shall be limited to six, including the provider's own who are under 8 years old.

22.2.3 Not included is occasional baby-sitting, babysitting co-ops, etc.

22.2.4 Not included is care provided by an individual in the child's own home (e.g., nanny).

22.2.5 FCC is not intended to be 24-hour foster care on a regular basis.

22.2.6 Individuals caring only for relatives are not required to be certified.

- For the purpose of this instruction, relatives are defined as grandchildren, sisters, brothers, nieces, and nephews.

**FAMILY CHILD CARE (FCC) STANDARDS, cont.**

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- 22.3     Authority. The operation of FCC in government quarters (government owned or leased) is authorized by reference (d) and this instruction.
- 22.3.1     Installations shall request prior approval from Echelon 2 Command and BUPERS (Pers-65) to operate FCC programs.
- Installation requests must identify the individual responsible for screening, certifying and monitoring each group of FCC homes.
  - Request shall include an organizational chart showing the FCC coordinator's relationship to the CDC director. The MWR/recreation director must also be included with request.
- 22.3.2     Patron eligibility shall be in keeping with Section 2.
- 22.3.3     Providing child care in government quarters is a privilege extended to family members at the discretion of the local commanding officer.
- Commanding officers shall ensure providers meet minimum qualifications (Section 26).
- 22.3.4     Local commanding officers with approval of the housing authority (if separate) shall establish policy in keeping with this guidance for the certification, approval and termination of FCC homes in government quarters/housing areas for which they are assigned responsibility and ensure unauthorized care does not take place.

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**FAMILY CHILD CARE (FCC) STANDARDS, cont.**

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- 22.3.5 Local commanding officers are encouraged to monitor FCC rates to make recommendations to providers on their fees.
- Recommended FCC fees should consider CDC fees, the services the FCC provider offers, and the length of time care is provided.
- 22.3.6 To ensure the health and safety of children is protected, procedures for inspecting and monitoring FCCs shall be established and in keeping with this guidance.
- 22.3.7 A local command CDP multi-disciplinary team will conduct an annual inspection by reviewing all FCC policies, recruitment, training, monitoring and procedures to ensure compliance with this instruction.
- Additionally, unannounced home visits to 10 percent of the certified homes will be conducted to ensure local monitoring procedures verify compliance with this instruction. These homes shall be randomly selected.
- 22.3.8 Quarters in which FCC is provided shall not be subject to activities which will cause abnormal deterioration of the units due to any type of child care activity.
- 22.3.9 Abnormal wear and tear on quarters as the result of providing FCC can result in decertification of the home.
- 22.3.10 Individuals providing unauthorized child care in quarters are subject to loss of housing privileges.

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**FAMILY CHILD CARE (FCC) STANDARDS, cont.**

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22.3.11 Applications for command approval shall be made in writing.

- Refer to Section 32 for sample application form.
- Applications shall be renewed annually.

22.4 Funding. Appropriated fund (APF) support shall be used for the following:

- Operational oversight provided by the FCC program coordinator and administrative staff, (e.g., salaries, printing costs, reimbursement of travel expenses incurred using private vehicle for performing government functions)
- Program coordinator/monitor training, travel, and per diem
- Provider training, e.g.:
  - CPR and first aid
  - Orientation
  - Two hour monthly training
  - Training resources
- Start-up kits, e.g.:
  - Electrical safety caps
  - Cabinet safety locks
  - First aid kits
  - Required forms
  - Handbooks

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**FAMILY CHILD CARE (FCC) STANDARDS, cont.**

- Materials and equipment lending libraries, e.g.:

- Cribs
- High chairs
- Fire extinguishers
- Books
- Puzzles
- Crayons
- Blocks

- Miscellaneous expenses, e.g.:

- Seminars
- Workshops
- Guest speakers

22.4.1 Appropriated Funds (APFs), if available, may be used to provide direct cash payments to providers to subsidize parent fees.

- When direct cash payments are provided, fees shall be regulated by the commanding officer.
- Direct cash payments can be used so that FCC services can be provided to members of the Armed Forces at a cost comparable to services by military CDCs.
- Direct cash payments can be used to increase the availability of care, by providing an incentive for FCC providers to offer infant/toddler, special needs care, hourly care and extended hours care.

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**FAMILY CHILD CARE (FCC) STANDARDS, cont.**

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- 22.4.2 Positive controls and measures to ensure program consistency shall be established by the commanding officer to manage and account for the APF resources.
- 22.4.3 FCC programs shall not generate income for the nonappropriated fund instrumentality.



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## **23.0 FCC ADMINISTRATIVE PROCEDURES**

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- 23.1 The FCC program shall be within the administrative and operational oversight of the local MWR department and/or CDC.
- 23.2 In view of the scope of responsibility involved, the FCC coordinator shall be trained in child development, social work, or a related field.
  - 23.2.1 The incumbent is responsible for recruiting, training, monitoring, budgeting and all other aspects of this program as outlined by the position description.
  - 23.2.2 Monitoring visits are intended to give programmatic support to FCC providers and are not to be solely inspections or policing in nature. Monitoring visits may be used to assess the provider's ability to work with children, understand children's needs, and provide care in a home environment.
  - 23.2.3 FCC coordinators and monitors shall receive annual training related to child care, family advocacy, child abuse prevention and reporting, administration, program observation, or other subjects related to the position.

**FCC ADMINISTRATIVE PROCEDURES, cont.**

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23.3 The CDC director or assistant director may have responsibility for monitoring FCC when the performance of such duties does not interfere with management of existing services and the following conditions are met:

- CDC average daily attendance is less than 100 children
- There is a full-time assistant director
- The number of homes to be monitored is limited to 15

**NOTE:** FCC monitoring responsibilities can not be combined with the CDC's training/curriculum specialist position.

23.3.1 A full-time FCC coordinator position shall be established when:

- Average daily attendance of CDC is more than 100 children,

- OR -

- A case load of 16-30 certified and/or in-process homes is maintained.

23.3.2 An additional FCC monitor must be hired when the caseload number of homes (certified and/or in-process) reaches 31. The caseload is reduced for the FCC coordinator by five for each additional monitor added to the program.

- A case load of no more than 40 homes (certified and/or in-process) may be maintained by each additional monitor in one organization.
- For every monitor added the FCC coordinator must visit at least 10 percent of the monitor's caseload on a monthly basis for quality assurance.

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**FCC ADMINISTRATIVE PROCEDURES, cont.**

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## 23.4 The FCC coordinator shall:

- 23.4.1 Provide information on certification to all FCC homes operating within housing area, and report homes operating without authorization.
- 23.4.2 Ensure local FCC instructions and standard operating procedures (SOPs) are in compliance with this instruction. (See Section 5.)
- 23.4.3 Ensure all background checks are completed in accordance with Section 10.
- 23.4.4 Ensure monthly visits are unannounced and documented.
- 23.4.5 Ensure parents of FCC children are included on the Parent Advisory Board. (See Section 7.)
- 23.4.6 Maintain all required records to complete semi-annual report in Section 5.
- 23.4.7 Maintain up-to-date list of children enrolled with parents' name and phone number(s).
- 23.4.8 Ensure any monies collected from FCC providers are handled in accordance with cash handling procedures outlined in Section 9.
- 23.4.9 Sponsor or ensure FCC provider participation in the USDA Child and Adult Care Food Program where available.
- 23.4.10 Ensure providers prepare and serve meals in accordance with the criteria in Section 18.

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**FCC ADMINISTRATIVE PROCEDURES, cont.**

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23.5 The Fire Department shall:

- 23.5.1 Conduct initial inspection of all applicant homes using this instruction, noting any discrepancies and issuing directives for corrective action.
- 23.5.2 Conduct inspections at least annually.
- 23.5.3 Provide fire and safety training for FCC providers.
- 23.5.4 Recommend approval/disapproval of applicants based upon required inspections.
- 23.5.5 Support the FCC coordinator with consultations, resources and technical assistance relating to fire prevention.

23.6 The security department shall:

- 23.6.1 Conduct initial security check of all FCC provider applicants for evidence of any condition(s) which would reflect on the suitability of the applicant or a household member. (See Section 10.)
- 23.6.2 Recommend approval/disapproval of applicants suitability for certification based upon local background check.
- 23.6.3 Support the FCC coordinator with consultations, resources and technical assistance relating to security checks.

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**FCC ADMINISTRATIVE PROCEDURES, cont.**

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23.7 The housing office shall:

- 23.7.1 Verify the assignment of the quarters.
- 23.7.2 Screen housing records of provider applicants for incidents which may reflect on the suitability of the applicant or a household member.
- 23.7.3 Recommend approval/disapproval of applicants based upon screening.
- 23.7.4 Inform occupants that FCC will be allowed only in compliance with this instruction (OPNAVINST 1700.9D) and the command's local instruction.
- 23.7.5 Include FCC program information in the installation's "Welcome Aboard" package.
- 23.7.6 Support the FCC coordinator with consultation, resources and technical assistance relating to housing in military quarters.
- 23.7.7 Recommend eviction to the commanding officer for those occupants of government housing who conduct unauthorized child care services in their homes.

**FCC ADMINISTRATIVE PROCEDURES, cont.**

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23.8 Preventive medicine services shall:

- 23.8.1 Conduct initial inspection, using guidance provided in this instruction, of all applicants' homes, noting any discrepancies, and issuing recommendations for corrective action.
- 23.8.2 Recommend approval/disapproval of applicants based on inspection.
- 23.8.3 Conduct inspections at least annually.
- 23.8.4 Serve as point of contact for provider's health and immunization checks.
- 23.8.5 Serve as point of contact regarding the length of time FCC homes must be closed as result of inspections or disease control.
- 23.8.6 Support the FCC coordinator with consultations, resources, and technical assistance.
- 23.8.7 Conduct FCC health training or grant approval for FCC coordinator to conduct health training to include:
  - Personal hygiene
  - Food handling, preparation, and sanitation
  - Administering medication
  - Identifying communicable disease

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**FCC ADMINISTRATIVE PROCEDURES, cont.**

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23.9 The Family Advocacy Representatives (FAR) shall:

23.9.1 Review available medical, mental health, and child advocacy records of FCC providers and household members for previous history of domestic violence and/or neglect or any other conditions which would reflect upon the suitability of the applicant or a household member.

23.9.2 Serve as the point of contact for the FCC coordinator reporting allegations of child abuse/neglect and follow proper reporting procedures.

23.9.3 Recommend approval/disapproval of applicants based on screening.

23.10 The Family Services Center staff shall:

23.10.1 Support the FCC coordinator with consultations, resources and technical assistance relating to family services.

23.10.2 Serve as a point of contact for training resource and referral.

**FCC ADMINISTRATIVE PROCEDURES, cont.**

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23.11 Navy Counseling and Assistance Center shall:

- 23.11.1 Review records for any reports of drugs or alcohol abuse by FCC provider or household members, or incidents which may reflect on the suitability of the applicant or a household member.
- 23.11.2 Support the FCC coordinator with consultations, resources and technical assistance relating to substance abuse.
- 23.11.3 Recommend approval/disapproval of applicant based on screening.

23.12 A Quality Review Board (QRB) shall be established to provide recommendations for denial of initial applications, approval of annual recertification or revocation of certification. (If all initial certification requirements are met it is not necessary for the QRB to meet.)

- 23.12.1 The QRB shall forward the FCC application for approval along with the certificate (when recommending certification) to the commanding officer or designee for signature.
- 23.12.2 When recommending disapproval, the QRB shall forward the FCC application for approval along with a letter of denial or revocation (depending on if initial or annual certification) to the commanding officer or designee for signature.
- 23.12.3 It is recommended that the QRB meet at least quarterly or on an as needed basis.
  - All minutes shall be forwarded to the commanding officer and a copy kept on file in the FCC coordinator's office.
- 23.12.4 The QRB should include a chairperson (chosen by the group), the FCC coordinator, representatives from family services, preventive medicine, security, housing office, and the fire department.



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**FCC ADMINISTRATIVE PROCEDURES, cont.**

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- 23.12.5 The family advocacy representative should be available for consultation when necessary.
- The QRB is also the mechanism for hearing appeals made by providers/applicants.
- 23.12.6 Decisions of the QRB to deny/revoke/recertify must be unanimous.
- 23.12.7 All decisions of the QRB shall be given to the provider/applicant in writing (i.e., signed certificate, letter of denial, letter of revocation).
- 23.13 Installations without an established FCC program may allow individuals already caring for children to continue to do so while completing all certification and training requirements. Parents must be notified that the individual is not certified or carrying specified liability insurance.
- 23.13.1 Applicants must agree to meet all certification requirements within a set time (recommend 4 to 6 weeks) limit or discontinue caring for children.
- 23.14 Denial, Suspension and Revocation of FCC Certification. Becoming a FCC provider is a privilege and not a right. The policies set forth in this instruction are to ensure that children are not placed in an "at risk" situation.
- 23.14.1 An applicant may be denied certification based on but not limited to:
- Failure to submit all required information and forms
  - Failure to meet all background clearance requirements

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**FCC ADMINISTRATIVE PROCEDURES, cont.**

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- Failure to meet minimum health, fire and safety standards
- Failure to successfully complete required initial 20 hour training

23.14.2 The suspension of a certificate (home is closed until investigation is completed and case is reviewed by the QRB) may be based on but not limited to:

- Suspected child abuse/neglect of the provider or a family member
- Suspected or reported domestic violence
- Any violations of regulations which may endanger the life, health or safety of children in care which must be corrected within a specified time frame
- Children are left unattended
- Not meeting the requirements for recertification

23.14.3 A certificate may be revoked based on but not limited to:

- Substantiated child abuse/neglect of the provider or a family member
- Substantiated domestic violence of the provider or a family member
- Provider continually fails to provide a healthy and safe environment and/or fails to correct violations in a specified time frame

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**FCC ADMINISTRATIVE PROCEDURES, cont.**

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- Provider does not provide an environment which meets each child's social, physical, intellectual and emotional development.
- 23.14.4 In cases of suspension the FCC coordinator with a witness, if necessary, (e.g., CDC or MWR director, security) will verbally inform the provider, remove the certificate and window emblem and assist the parents in finding alternative care for the child(ren).
- The provider will receive a written notice of suspension within 24 hours of verbal notification. Written notification will include information on appeal, in person, at the QRB meeting.
  - Once the provider receives written notice of suspension, he/she has 5 working days to submit a written appeal to the QRB.
  - The QRB will review the written appeal and hear the appeal in person, if requested, at the next meeting. Recommendations will be forwarded to the commanding officer.
  - The provider will receive written notice of a QRB decision to revoke or reinstate within 5 working days.
- 23.15 The provider may appeal the QRB decision to the commanding officer in writing within 10 working days.
- The commanding officer's decision is final.
- 23.16 FCC in Navy housing may be licensed by the state in addition to, but not in lieu of, command approval and certification.

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**24.0 TYPES OF FAMILY CHILD CARE**

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24.1 Purpose. In addition to meeting the needs of working parent(s) and supplementing care provided by the CDC, FCC may be established to meet the needs of families requiring unique child care services. These may include:

24.1.1 Extended-Hours Homes. These serve parent(s) who:

- Require routine evening care
- Work unusual and/or long hours
- Have occasional mission-related child care needs up to or exceeding 24 hours, but not to exceed 72 continuous hours

24.1.2 Children in evening care shall have a routine with the necessary furnishings provided.

24.1.3 Evening meals shall be served for children spending the night. Breakfast must be served.

24.1.4 Children shall be able to take a bath to include:

- Warm water
- Fresh water for each child
- Tubs or showers which are cleaned after each use

24.1.5 Children shall be given a bed, couch or cot to include:

- Clean linens (two sheets, pillow covers, and blankets)
- Sleeping arrangements that suit the age and size of the child

Enclosure (1)

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**TYPES OF FAMILY CHILD CARE, cont.**

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- 24.1.6 Each child shall have clean night clothing and toothbrush marked with his or her name.
- 24.1.7 A change of clean clothes for each child shall be available.
- 24.2 Mildly Ill Homes. These provide appropriate care and limited activities for children who are mildly ill or who are recuperating following hospitalization or childhood disease and cannot function within their usual child care setting.
  - 24.2.1 Care for acutely ill children (needing total bed rest) or those with highly contagious conditions is not authorized.
- 24.3 Special Needs Homes. These offer appropriate care to one or more children with disabilities or handicapping conditions.
  - 24.3.1 These homes offer respite (relief) child care to parents of special needs/handicapped children.
  - 24.3.2 Providers who wish to care for children with special needs should attend additional special training.
  - 24.3.3 Where one or more special needs child(ren) requiring more than usual care is enrolled, the ratio of adult to child shall not exceed one to three.
  - 24.3.4 Prior to admission of any special needs/handicapped child, the provider shall obtain information from the parent, the physician and the state or local education agency about any special problems or needs that may affect the child's participation in the program. (See Section 6.)

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**TYPES OF FAMILY CHILD CARE, cont.**

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24.4 Infant/Pre-toddler Homes. Infant/Pre-toddler homes provide care for infants from 6 weeks old to 2 years of age.

24.4.1 There shall be only one child under 2 months of age.

24.4.2 Maximum group size shall never exceed three children.

24.4.3 Infants shall be talked to, nurtured and held.

24.4.4 Each infant shall be given some opportunity during the day to explore the area outside the crib. Children shall not be left in confining units such as infant seats for extended periods of time.

24.4.5 Infants shall be taken outside at least once a day when weather permits.

24.4.6 Sleeping arrangements for infants shall allow monitoring of the child by the provider.

24.4.7 All infants shall be held for feeding. Bottles shall not be propped.

24.4.8 Prior to admission of any infant under 2 months of age, the parent shall obtain documentation certifying that the infant has successfully completed a well-baby check-up.

- This documentation must be kept on file with the FCC provider.

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**TYPES OF FAMILY CHILD CARE, cont.**

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24.5 Before and After School Homes. Before and after school homes provide care for children 5 to 12 years of age.

24.5.1 If all children in care are older than 5 years of age (including the provider's own) the maximum group size shall never exceed eight children.

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**25.0 FCC GROUP SIZE and SPACE REQUIREMENTS**

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- 25.1 Group Size. Size of home, number of bedrooms and space available to children shall be considered when determining group size.
- 25.1.1 Homes shall provide care for no more than six children at one time.
- 25.1.2 If a home is a before and after school home there shall be no more than eight children present at a time. All children must be over 5 years of age including the provider's own.
- 25.1.3 The provider's own children who are in care and under the age of 8 are counted in the maximum group size.
- 25.1.4 In a multi-age group, no more than two children, under the age of 2 (whether they are the patron's or the provider's) may be cared for in one home.
- 25.1.5 When all children are under the age of 2 years, the maximum group size is three children.
- 25.2 Indoor Space Requirements. There shall be adequate indoor space for the number of children receiving care.
- 25.2.1 If, in the opinion of the FCC coordinator or any inspecting officer, the quarters are too small for the maximum number of children allowed, the number of children allowed in that home shall be reduced.
- 25.3 Outdoor Space Requirements. All children shall be offered the opportunity for outdoor play everyday.
- 25.3.1 Children shall be under direct supervision at all times while playing outdoors.



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**FCC GROUP SIZE and SPACE REQUIREMENTS, cont.**

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25.3.2 Child safe fencing should be in compliance with base housing requirements.

25.3.3 Nearby parks and playgrounds, within 1/4 mile of the home may be used.

25.4 Outdoor Play Area Requirements

25.4.1 Play areas shall be well drained and free of standing water.

25.4.2 Play areas shall be free of toxic materials, poisonous plants and shrubs, and other potentially harmful natural materials.

25.4.3 Outdoor equipment which is damaged, broken, or otherwise unsafe shall be repaired immediately, removed, or placed off limits to children.

25.4.4 Play area equipment shall be free of protrusions, pinch points, sharp edges, and hot surfaces.

25.4.5 Play area equipment and fencing shall be free of any openings between 3.5 and 9 inches.

25.4.6 Play areas shall be free of tripping and other hazards, such as debris, glass, sharp objects, trash, holes, and animal feces.

25.4.7 Footing areas such as decks, steps, and walkways shall be kept free of slipping hazards.

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**26.0 FCC CERTIFICATION REQUIREMENTS and RESPONSIBILITIES**

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26.1 All FCC providers shall meet the following minimum certification requirements and responsibilities:

- Be at least 18 years old
- Have the ability to speak, read, and write English
- Be physically and mentally capable of caring for children
- Be a responsible, emotionally stable person capable of exercising good judgment in caring for children
- Be free of communicable disease
- Be a military dependent
- Be an authorized resident in government housing
- Be able and willing to undergo prescribed training

26.2 Prior to receiving approval to care for children, the FCC provider's health records shall be reviewed and providers shall have a health screening, to ascertain that they are in good health and free from communicable disease. Providers shall receive the same health screening and required immunizations as CDC employees. Refer to Section 11.

26.2.1 All members of the FCC provider's family, or any other person, residing at that residence shall have required immunizations and TB test.

26.2.2 Records of FCC provider's health requirements and family's immunization should be on file in the provider's home and made available to FCC coordinator/monitor and health inspector.

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## **FCC QUALIFICATIONS and RESPONSIBILITIES, cont.**

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- 26.3 FCC providers shall ensure that the rights of all occupants of surrounding quarters to the use and quiet enjoyment of family housing are not compromised by the presence of FCC.
- 26.4 Prospective FCC applicants shall apply using the applications and information release forms and the background clearance forms located in Section 32 of this instruction.
- 26.5 Prospective FCC applicants shall participate in an in-home family interview with the FCC coordinator to determine suitability and appropriateness to work with children.
- 26.6 Prior to providing care each applicant shall receive a minimum of 20 hours initial training (to be accomplished within 6 weeks of applying.) This training will include:
- Orientation of FCC program
  - Business practices, accounting, and taxes
  - Child abuse/neglect reporting/prevention/appropriate touch including DoD Child Abuse Training Modules
  - Basic first aid
  - Cardiopulmonary Resuscitation (CPR) for infants and children (CPR training for adults is also recommended)
  - Heimlich maneuver
  - Food sanitation, nutrition and meal service requirements

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**FCC QUALIFICATIONS and RESPONSIBILITIES, cont.**

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- Communicable diseases, hygiene practices, administration of medications, and documentation of medications administered
- Child growth and development
- Developmentally appropriate practices
- Positive guidance techniques
- Family Day Care Rating Scale (FDCRS)
- Navy FCC Providers' Training Program

26.6.1 After initial training, all providers shall complete a minimum of 2 hours approved training each month thereafter.

- This training will include, but not be limited to, latest child care techniques and procedures for providing safe, developmental child care in a home environment.

26.7 The provider shall arrange for another approved adult (18 years or older, military dependent, living in government housing) to be available to provide back-up support during emergencies or to provide substitute care during vacation or illness. Certified providers shall be responsible for informing back-up provider of Navy and command policies.

26.7.1 Backup support may be another certified FCC home or a substitute in the certified FCC provider's home as long as the substitute meets minimum requirements.

26.7.2 Minimum requirements are defined as CPR and First Aid Training, Child Abuse/Neglect Reporting/Prevention Training, and local background checks.

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**FCC QUALIFICATIONS and RESPONSIBILITIES, cont.**

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- 26.7.3      The FCC coordinator shall be notified of provider's absence and of substitute's presence.
  
- 26.8      The provider shall have a written plan to respond to emergencies including fire evacuation, serious injury, ingestion of poison, and severe weather/natural disasters.
  
- 26.9      The provider shall have a working telephone.
  - 26.9.1      In overseas locations where telephones are not available, an emergency response plan coordinated through FCC coordinator and base security shall be developed.
  
- 26.10      The provider shall maintain a listing of emergency names and telephone numbers posted or readily available for easy reference in emergency situations as well as parents' work numbers.
  - 26.10.1      The provider shall have first aid supplies available for emergencies.
  
- 26.11      The provider shall follow procedures outlined in Section 8 of this instruction when child abuse/neglect is suspected.
  - 26.11.1      Suspected child abuse/neglect must be reported to FCC coordinator within 24 hours.

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**FCC QUALIFICATIONS and RESPONSIBILITIES, cont.**

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26.12 The provider shall make the following information available for parents:

- 26.12.1 The services provided are a private independent, enterprise.
- 26.12.2 The Navy will not be a party to any liability claims incurred by the FCC provider.
- 26.12.3 Fees charged are a private matter between provider and parents.
  - Fees should be agreed upon prior to children being left the first time.
  - Parents should be provided a copy of fees in writing.
- 26.12.4 Hours and days of the week that care will be provided.
- 26.12.5 Written menus for meals and snacks and times served.
- 26.12.6 Written discipline/touch policy.
- 26.12.7 Children's sleeping and eating patterns, or any other information pertinent to the parents.
- 26.12.8 Parents are required to sign their child(ren) in and out on a daily basis.
- 26.12.9 Providers shall post the DoD hot line number in the home.

26.13 The provider shall have the sponsor's written approval before transporting child(ren) by automobile or bus.

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**FCC QUALIFICATIONS and RESPONSIBILITIES, cont.**

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- 26.14 Child safety seats shall be utilized for children under 5 years when being transported in privately owned vehicles.
- 26.15 The provider shall have documentation that personal auto insurance covers transportation of child care children.
- 26.16 The provider shall supervise children at all times.
- 26.17 The provider must inform the FCC coordinator of any accidents or injuries requiring medical attention.
- 26.18 Certification to provide care in government quarters (owned or leased) is valid for 1 year. To become recertified all requirements listed below shall be met:
  - 26.18.1 Complete application form.
  - 26.18.2 Participate in family interview with FCC coordinator.
  - 26.18.3 Complete local installation record checks (IRCs).
  - 26.18.4 Complete annual medical screening requirements for self and family members.
  - 26.18.5 Meet preventive medicine annual checklist requirements.
  - 26.18.6 Meet fire/safety annual checklist requirements.
  - 26.18.7 Ensure all training is updated (CPR, First Aid, child abuse identification and reporting procedures, 2 hours monthly).

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**FCC QUALIFICATIONS and RESPONSIBILITIES, cont.**

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- 26.18.8 Participate in FCC Providers' Training Program.
- 26.18.9 Pay annual insurance fee. (See Section 27.)
- 26.19 Certified providers may go on inactive status for no more than 90 days. If the provider does not return to work, FCC certification will be terminated, and all requirements for annual recertification must be met before caring for children again. (Note: It is strongly recommended that providers continue to attend monthly training while on inactive status.)
- 26.20 The provider shall notify the FCC coordinator at least 30 days before ceasing operation of a FCC home.
- 26.21 A certificate indicating command approval, and the number and ages of children the provider is authorized to care for, shall be posted by the provider.
- 26.22 A window emblem identifying the certified FCC provider, shall be placed so that it is clearly visible to the street.
- 26.23 FCC providers shall have on file a copy of the current family care plan for child enrolled on a regular basis whose sponsor is required to have such a plan (OPNAVINST 1740.4). This requirement applies to single parents and dual military couples.



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## 27.0 FCC PROVIDER INSURANCE

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- 27.1 FCC providers are required to maintain personal liability insurance to protect themselves and the Navy against potential liability claims for negligence that might arise from their operations.
- 27.1.1 Liability insurance is required because FCC providers are independent private contractors and not employees of MWR or the U.S. Government. As independent private contractors, FCC providers may be held personally liable for claims in the absence of any insurance.
- 27.1.2 Providers shall be advised in writing that they may be held personally liable for negligent damage claims and/or awards for damages that exceed insurance policy limits and from their acts and omissions that are specifically excluded by their liability insurance coverage.
- 27.1.3 BUPERS (Pers-659) as the FCC program manager will monitor FCC programs to ensure that both FCC providers and the Navy are insured against potential liability claims that may arise out of the operation of the FCC program.
- 27.2 Currently, the minimum limit of general liability insurance required, (which includes products and completed operations, personal and professional liability loss exposures) is \$500,000 for each claim, and policy aggregate.
- 27.2.1 Sexual abuse and molestation liability coverage must be for a minimum of \$100,000 for each claim, and policy aggregate.
- 27.2.2 Fire liability for the damage to non-owned property, which is in the provider's care, custody and control must be insured for a minimum of \$50,000 per claim, and policy aggregate.
- 27.2.3 BUPERS-653 sanctions minimum limits and coverages that individual commercial insurance companies must provide, for the purpose of ascertaining that the providers have

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## **FCC PROVIDER INSURANCE, cont.**

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available to them appropriate and comprehensive insurance coverage. Minimum limits and coverages may change upon expiration of each policy year depending on insurance market considerations.

- 27.2.4 FCC providers must purchase insurance coverage upon certification by the FCC program coordinator.
- 27.2.5 Insurance coverage limits, individual provider premiums and the types of coverage may change from one insurance policy period to the next. Accordingly, BUPERS Pers-653 and Pers-659 will provide each Navy activity authorized to operate a FCC program details regarding the FCC provider insurance program and claims filing procedures as changes dictate.
- 27.3 Actual claims related to the FCC program, as well as accidents and incidents that may potentially give rise to future claims, shall be reported immediately to BUPERS (Pers-653 or 659), and to the insurance agent that has brokered the individual FCC provider's policy using the appropriate loss reporting procedures. Copies of this information should also be provided to the servicing Navy Legal Service Office (NLSO) and activity legal officer.
- 27.4 Liability coverage only extends to child care provided in owned or leased government housing to dependents of service members and DoD civilian employees.
- 27.5 Providers shall acknowledge in writing their responsibility for property damage to family quarters determined to be beyond normal "wear and tear."

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## 28.0 FCC HEALTH REQUIREMENTS

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28.1 Providers shall be aware of and follow basic sanitary food service, preparation and handling practices.

28.1.1 Training in food service shall be ongoing.

28.1.2 Food, including formula and infant food, brought from child(ren)'s home shall be labeled, dated, and properly stored or refrigerated. Microwave ovens shall not be used for warming infant bottles or containers of infant/toddler food.

28.1.3 Children shall be provided nutritionally appropriate meals and snacks. Where eligible, FCC providers shall participate in the USDA Child and Adult Care Food Program.

28.1.4 Continental United States providers (CONUS) (and OCONUS where USDA is available) shall prepare and serve meals and snacks in accordance with USDA criteria in Section 18.

28.1.5 Menu shall be posted for parents.

28.1.6 OCONUS providers shall prepare and serve meals and snacks when feasible. Provide information to parents on preparing nutritious meals and snacks.

28.2 Animals are permitted in the home providing:

- Their presence is in accordance with housing regulations.
- They are friendly companions for children.
- They are regularly examined by a veterinarian.

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## **FCC HEALTH REQUIREMENTS, cont.**

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- Dogs or cats, where allowed, must be immunized for any disease that can be transmitted to humans and must be on a flea, tick, and worm control program.
- Sanitation is maintained, litter boxes are not available to children.
- Reasonable precautions are taken to prevent injury to children and animal(s).
- Ferrets, turtles, psittacine birds, reptiles or wild or dangerous animals are not permitted.
- Parents of child(ren) shall be given written notification at registration that animal(s) is/are present.
- Children are not alone with animals at any time.

28.2.1 Animals are not permitted in the food preparation area.

28.3 The use of cloth diapers shall be in keeping with Section 20 of this instruction.

28.3.1 If portable nursery chairs are used for the toddlers, they shall be cleaned and disinfected after each use.

28.3.2 Diapering procedures shall follow the National Center for Disease Control guidelines (see Section 20).

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**FCC HEALTH REQUIREMENTS, cont.**

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- 28.4 All medication shall be kept out of the reach of children.
  - 28.4.1 Only prescription medication shall be administered.
  - 28.4.2 Provider shall obtain a medical release record from the parents which certifies the medication is necessary and provides information concerning dosage, time(s) of day, and duration of administration.
  - 28.4.3 Provider shall keep a written record of date, time and amount of medication administered.
- 28.5 Each child shall have his or her own clean place to sleep or rest that is at least 4 inches above the floor.
  - 28.5.1 Mattresses and sofas used for sleeping shall have waterproof covers.
  - 28.5.2 Bed linens shall be changed promptly when soiled or when beds, cots or cribs are occupied by different children.
  - 28.5.3 Crib slats shall not be more than 2 $\frac{3}{8}$  inches apart.
  - 28.5.4 Playpens shall not be used. (Porta-cribs are acceptable.)
  - 28.5.5 Beds used by family members shall be completely covered with a waterproof cover and clean linens before being used by child(ren).
  - 28.5.6 Pillows shall not be used for children under 3 years old.

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**FCC HEALTH REQUIREMENTS, cont.**

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- 28.6 A registration and health form as well as a medical power of attorney shall be maintained on file for all children enrolled.
  - 28.6.1 The registration and health forms shall be updated annually. Forms shall be accessible only to authorized personnel. (See Section 32.)
  - 28.6.2 Medical power of attorney shall be prepared by the parents for use in emergency cases where medical treatment is required and the parents or designated individual for emergencies cannot be contacted.
- 28.7 Registration and health form shall be completed and signed by the sponsor.
  - 28.7.1 This form shall provide basic health information, including immunizations on all children.
  - 28.7.2 Sponsors are also required to present medical documentation of any conditions which require special care. (Refer to Section 6.)
- 28.8 Except in an emergency, child(ren) shall not be accepted for care unless registration and health forms show immunizations are updated.
  - 28.8.1 Exceptions to this policy for medical or religious reasons may be allowed when a statement signed by a physician, is presented.

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**FCC HEALTH REQUIREMENTS, cont.**

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- 28.9 The home shall be maintained in a sanitary manner and personal hygiene standards observed.
  - 28.9.1 FCC provider shall conduct daily health review of the home, yard, and equipment and take necessary action to ensure the health of children is not compromised.
  - 28.9.2 Failure to meet health standards will result in decertification of home.
  - 28.9.3 Health officials may recommend temporary closure during outbreaks of infectious illness.
  - 28.9.4 Infection control (Section 20.5) shall be followed in all FCC homes.
  - 28.9.5 Child admission requirements (Section 20.13), child illness procedures (Section 20.14), and oral health procedures (Section 20.15) shall be followed.
- 28.10 All areas used for care of children shall be well-lit, adequately ventilated and maintained at a comfortable temperature.
  - 28.10.1 All windows used for ventilation shall be properly screened.
- 28.11 The same areas may be used for sleep and play, but only for one purpose at a time.
- 28.12 Drinking water from an approved source shall be available to children at all times.

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**FCC HEALTH REQUIREMENTS, cont.**

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28.13 Hand washing facilities with liquid soap, running water, and individual towels shall be readily available.

28.13.1 Common towels and face cloths shall not be used.

28.13.2 Water temperature shall not exceed 110 degrees.

28.14 Washable toys shall be provided for infants and toddlers.

28.14.1 All toys, cots, diapering areas, and food service surfaces shall be sanitized using procedures outlined in Section 20.5, Infection Control.

28.15 Separate, locked storage areas shall be provided for cleaning equipment and supplies including detergents and solvents.

28.16 Garbage and refuse containers shall be kept tightly covered and located out of the reach of children.



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## 29.0 FCC FIRE and SAFETY REQUIREMENTS

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- 29.1 It is recommended that when FCC provider units are located above the third floor, the building should be completely protected by a supervised automatic sprinkler system. In the absence of completely sprinkled buildings, the commanding officer should consider the availability of fire/rescue equipment and response times when authorizing FCC as well as the ages and number of children cared for.
- 29.1.1 Providers shall practice monthly evacuation drills with all children. A record of such drills and results shall be kept and available to the FCC coordinator and/or fire inspector.
- 29.1.2 Providers shall post an evacuation plan for use during drills and emergencies.
- 29.1.3 Exits shall be free from obstructions and in working order. Each home must have at least two exits, one of which may be a window complying with the size requirements in NFPA 101, Life Safety Code.
- 29.2 Smoke detectors approved by the fire protection authorities shall be installed and in working condition.
- FCC units will be required to have hardwired smoke detectors in the building's electrical system on a circuit which cannot be disabled by a common wall switch.
  - Installations with housing units without hardwired detectors must submit a waiver request (Section 4.6).
  - At least one hardwired smoke detector shall be located on each level of the home.
  - Additional battery powered smoke detectors shall be installed outside of sleeping areas.

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**FCC FIRE and SAFETY REQUIREMENTS, cont.**

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- 29.3 At a minimum, one fire extinguisher rated 2A:10BC and approved by local fire marshall, shall be readily available.
- 29.4 Smoking while in contact with children is prohibited. Secondary/ environmental tobacco smoke has been identified as a carcinogen. Parents shall be advised, in writing, if the provider or family member smokes. All smoking materials shall be kept out of reach of the children. Any ignition hazards (i.e., matches, lighters) shall be removed from areas when children are present.
- 29.5 All potential hazards in the home shall not be accessible to children. These include:
- Firearms
  - Ammunition
  - Household cleaning agents
  - Medicines
  - Poisonous plants
  - Matches/lighters
  - Alcohol
- 29.5.1 Homes may be decertified or closed temporarily until safety requirements are met.

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**FCC FIRE and SAFETY REQUIREMENTS, cont.**

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- 29.6 All electrical outlets accessible to child(ren) will be child safe types or will be covered by protective covers when not in use.
  - 29.6.1 Extension cords must be approved by the base fire marshall.
  - 29.6.2 Electrical appliances will meet Underwriters Laboratory (UL) standards and will be kept out of reach of children.
- 29.7 There shall be rails/safety guards to prevent falls from elevated porches, walkways, windows and ramps.
  - 29.7.1 Safety gates shall be provided on stairs when infants/pre-toddlers/toddlers are enrolled.
  - 29.7.2 Safety guards shall be provided on all windows more than five feet off the ground.
  - 29.7.3 Safety guards will be installed on balcony railings and elevated porches to prevent entrapment.
  - 29.7.4 Training will be provided on placement of furniture to prevent access to open windows and sliding glass doors to balconies and elevated porches.
- 29.8 If special needs/handicapped children are cared for, provisions should be made for easy access in and out of the home.

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**FCC FIRE and SAFETY REQUIREMENTS, cont.**

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- 29.9 No child care activities will be permitted in a room where a furnace, domestic hot water heater, or gas meter is installed.
- 29.9.1 Open flame heaters will not be used.
- 29.9.2 When portable electric fans must be used, they will be covered by a protective safety net to prevent child(ren) from reaching into the blades.
- 29.9.3 At no time will child(ren) be left alone in a room where a portable electric fan is in use.
- 29.10 When clear glass panels are used in sliding doors, shower stalls, tub enclosures, storm doors, etc., they shall be clearly marked at child's eye level to avoid accidental impact.
- 29.11 The home shall maintain first aid items in accessible locations.
- 29.12 The following emergency telephone numbers shall be posted at all times:
- Fire department
  - Police
  - Emergency medical resource, (i.e., hospital, doctor, poison control center, ambulance, etc.)
- 29.13 Providers shall have an operable flashlight readily available in cases of power failure.

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**FCC FIRE and SAFETY REQUIREMENTS, cont.**

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- 29.14 Provider shall ensure outside play equipment is safe.
- 29.15 Indoor furniture and equipment shall be safe, nontoxic, durable, and in working order:
- Free of protrusions, pinch points, and sharp edges
  - Infant walkers, toy boxes/chests, and other similar hinged equipment and equipment identified as unsafe by the Consumer Product Safety Commission is prohibited.
- 29.16 Bean bag furniture is prohibited.
- 29.17 Rooms and equipment shall not have evidence of peeling paint.
- 29.18 All rooms in quarters shall be child-proofed. Rooms not used by child(ren) will be made inaccessible.
- 29.19 Provider shall conduct a safety walk-through of the home and yard daily and correct identified problems (e.g., damaged outdoor equipment, broken toys, tripping hazards) or take appropriate action to ensure the safety of children is not compromised.

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**FCC FIRE and SAFETY REQUIREMENTS, cont.**

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- 29.20 Mobile home units used for FCC shall meet the Federal Mobile Home Construction and Safety Standards, NFPA 501A-6, Mobile Home Installations, Sites, and Communities (NOTAL), and the following:
- 29.20.1 Walls, partitions, and ceiling interior finish shall have a flame spread of 75 or less and a smoke developed rating of 100 or less when tested in accordance with ASTM E-84.
- Trim 2 inches or less in width is exempt.
- 29.20.2 Exposed interior finishes adjacent to the cooking area shall have a flame spread of 50 or less and a smoke developed rating of 100 or less when tested in accordance with ASTM E-84.
- Material not meeting the above requirements shall be covered with 26 gauge sheet metal (.017 stainless steel, .024 aluminum or .020 copper) on at least 1/2 inch thick gypsum board.
- 29.20.3 Combustible kitchen cabinet doors, counter tops, exposed bottoms and end panels shall have a flame spread of 200 or less.
- 29.20.4 Furnace and water heater enclosures shall be of 1 hour fire rated construction with the openings protected by a 1.75 inch solid wood core door or equivalent.
- The interior finish of the enclosures shall have a flame spread of 25 or less.
- 29.20.5 Carpeting shall comply with CPSC-16, CFR 1629.

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**FCC FIRE and SAFETY REQUIREMENTS, cont.**

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- 29.20.6 Each mobile home unit shall have two remote exits.
- 12 feet straight line minimum center to center in single width units and 20 feet straight line minimum center to center for double width units.
  - Exterior doors (swinging or sliding) shall be a minimum of 28 inches by 74 inches.
  - The minimum width of halls shall be 28 inches.
- 29.20.7 The travel distance from any bedroom door to an exterior exit shall not exceed 35 feet.
- Unless each bedroom has an exterior door, an opening window shall be provided that meets the following criteria:
    - Minimum clear opening dimension of 22 inches
    - Minimum clear opening of 5 square feet
    - Maximum height of 36 inches above the floor
    - Any opening device shall be no higher than 60 inches above the floor
- 29.20.8 120 VAC single station smoke detector shall be installed in all sleeping areas.
- 29.20.9 Aluminum wiring is not permitted.

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**FCC FIRE and SAFETY REQUIREMENTS, cont.**

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- 29.20.10 Storage facilities shall be detached and constructed of noncombustible material.
- If the storage facilities cannot be detached, they shall be located outside and lined with 5/8 inch gypsum board if it is located within 15 feet of the unit.
- 29.20.11 Foamed plastic insulation, if used, shall have a flame spread of 75 or less and separated from the interior spaces with 1/2 inch gypsum board.
- 29.20.12 There shall not be less than 15 feet separation distance between the unit and other structures.
- 29.20.13 Consideration shall be given to limiting the number and ages of children cared for in mobile home units.



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**30.0 FCC PROGRAM REQUIREMENTS**

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- 30.1 The provider shall offer experiences that enhance children's physical, social, emotional and intellectual well-being on a daily basis in a safe, healthy learning environment.
- 30.1.1 The provider shall manage a well run, responsive program serving the individual needs of each child in care.
- 30.1.2 The provider shall develop a relationship with parents that respects cultural differences and become a partner with the parents in caring for their children.
- 30.1.3 In an informal setting, a variety of games, toys, books, and materials shall be available for the various developmental needs of the children.
- 30.1.4 Television viewing should be used only in a way that enhances the development of young children and should not normally exceed 30 minutes a day. Use of the television as background noise is unacceptable.
- 30.2 Toys, games, and materials shall be provided that are appropriate for child(ren)'s age and level of development.
- The above materials shall be stored on low, open shelves. The use of toy boxes/chests is unacceptable.
- 30.2.1 Washable toys shall be provided for infants/pre-toddlers/toddlers.

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**FCC PROGRAM REQUIREMENTS, cont.**

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- 30.3 Discipline and guidance shall be achieved through consistent, positive methods.
- 30.3.1 Loud, profane, or abusive language shall not be used.
- 30.3.2 Corporal punishment is prohibited.
- 30.3.3 Punishment associated with food, naps, or toilet use and punishment by peers is prohibited.
- 30.4 Children shall not be released to anyone unless duly authorized in writing by the parent(s).
- 30.5 The FCC provider should maintain a commitment to professionalism and develop effective strategies to provide quality child care by:
- Establishing and maintaining contact with other FCC providers
  - Working with parent(s)
  - Working with child development professionals
  - Posting certification requirements (e.g., schedules, certificates, emergency plans) for parents

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**FCC PROGRAM REQUIREMENTS, cont.**

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30.6 Providers shall maintain accurate business and administrative records for their FCC business.

30.7 Providers shall develop and post a daily schedule to include, but not limited to:

- Routines (napping, meal times, toilet use)
- Story times
- Outdoor play
- Creativity
- Music
- Cooking and similar daily living experiences

30.7.1 Daily activities shall be provided that are a balance of child-initiated and adult-directed.

30.7.2 Each child shall:

- Be shown respect
- Be given opportunities to develop self-esteem and self-discipline
- Be given the opportunity to learn by doing

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**FCC PROGRAM REQUIREMENTS, cont.**

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- 30.8 The quality of the program offered by certified FCC providers shall be evaluated during monthly home visits, through use of FDCRS and during competency assessments of Navy FCC Providers' Training Program.
- 30.9 FCC providers shall be inspected using the checklists located in Section 32.

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## 31.0 ALTERNATIVE CHILD CARE PROGRAMS

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- 31.1 This section contains general information on alternative child care programs that go beyond the normal child care settings addressed in this policy guide.

There are two alternative programs to consider in meeting command child care requirements:

- Resource and referral
- Supplemental care programs

- 31.2 Resource and Referral. Each CDP shall have a system for resource and referral to link parents with available child care in the community. This service can be delivered through a contract or agreement with a civilian agency or other military program, collateral duty for other CDP personnel, or a separate position in the CDP. The service is free to the patron and provides:

- Information on how to select quality child care
- Information about child care resources, including subsidies, available to the parent(s)
- Guidance and support for the parent(s) during the selection process

- 31.2.1 Referrals are made only to programs that are licensed and in compliance with applicable standards.

- 31.2.2 Navy resource and referral programs do not make placements, as the final decision for care is the sole responsibility of parents.

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## **ALTERNATIVE CHILD CARE PROGRAMS, cont.**

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- 31.2.3 Resource and referral procedures, regardless of delivery system, shall include:
- Feedback from parents/sponsor on program referrals
  - Information from parents/sponsor concerning liability
  - A statement of understanding signed by the parents/sponsor
  - Quality assurance checks
- 31.2.4 Resource and referral programs shall maintain statistical information on the number of requests for care received each month.
- 31.3 Supplemental programs are services that augment and support installation CDC- and FCC-based programs to increase the availability of care. These programs include but are not limited to, preschools, contract-provided services, interagency initiatives, and alternative locations.
- 31.3.1 Alternative site hourly care may be provided while parents/guardians attend a function in the same facility (e.g., wives' club luncheon).
- Program will be staffed by CDC personnel and shall meet ratios and group sizes for mixed age groups.
  - Staff shall provide simple activities such as stories and games versus more complex CDC curriculum.
- 31.3.2 Part-day preschool programs may be established as a subactivity of the CDP.

**27 OCT 1994****ALTERNATIVE CHILD CARE PROGRAMS, cont.**

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- 31.3.3 The purpose of these programs is to enhance school readiness by providing enrichment activities for children that help them develop the knowledge, skills, abilities, and attitudes necessary for entry into school.
- 31.3.4 CDC space may be used for part-day preschool programs only when the full-day care waiting list for active duty military and DoD civilian personnel does not exceed 20 percent of the facility capacity.
- 31.3.5 Preschool facilities shall meet the educational occupancy standards for existing facilities as outlined by the National Fire Protection Association (NFPA) Life Safety Code 101.
- 31.3.6 Installations may use no more than 20 percent of any space that meets the NFPA standards for existing day care facilities for preschool, school age care, or hourly care if there is a waiting list for child care for parents employed outside the home.

## 32.0 FORMS & RECORDS

- 32.1 This section contains samples of the forms required for the inspection, qualification and operation of CDC and FCC.

TO LOCATE:	GO TO PAGE:	SECTION REF:
Annual Certification Checklist	32.3	4.0, 21.0, 23.0 & 27.0
Semi-Annual Report for the Child Development Center - NAVPERS 1700/11 (6-94)	32.20	5.0
Semi-Annual Report of Family Child Care Program - NAVPERS 1700/12 (7-94)	32.30	5.0
Child Development Program Registration Card - NAVPERS 1754/5 (Rev. 3-93)	32.39	7.0 & 29.0
Sample Message Format for Notification of Child Sexual Abuse Allegations	32.43	8.0 & 26.0
Statement of Admission - NAVPERS 1700/1 (7-93)	32.44	12.0 & 23.0
Background Check Tracking Form	32.46	10.0, 23.0 & 26.0
Sample Security Application	32.47	10.0 & 23.0
Sample Format for Background Clearance for CDC Employment/ FCC Application	32.48	10.0 & 23.0
Sample Parent Agreement	32.49	3.0
DoD Child Development Program Request for Care Record - DD 2606, Oct 91	32.50	2.0 & 19.0



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**FORMS & RECORDS, cont.**

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TO LOCATE:	GO TO PAGE:	SECTION REF:
Child Development Center Fire/Safety Inspection Checklist	32.57	
Family Child Care Application	32.62	
Family Child Care Health Checklist	32.63	28.0
Family Child Care Fire/Safety Checklist	32.65	29.0
Family Child Care Program Checklist	32.67	30.0
Child Development Center Health/Sanitation Inspection Checklist	32.69	28.0, 29.0 & 30.0

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## FORMS &amp; RECORDS, cont.

ANNUAL CERTIFICATION CHECKLIST  
CHILD DEVELOPMENT PROGRAMS

COMMAND: \_\_\_\_\_ BUILDING: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMANDING OFFICER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

STANDARD (OPNAVINST 1700.9D) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>A. FACILITY REQUIREMENT</b>					
<b>1. Space (Section 19)</b>					
- Minimum capacity 25/maximum capacity 305	2				
- Activity room 35 net usable sq. ft.	3				
- Infant area 60 sq. ft. (including crib)	3				
- Isolation area available	2				
- Office/admin space available	2				
- Lobby/reception space available	2				
- Staff space available	2				
- Center location	4				
<b>2. Playgrounds (Sections 19.7 &amp; 19.8)</b>					
- Minimum 100 sq. ft. per child or scheduled	3				
- Playground design appropriate	3				
<b>COMMENTS:</b>					

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9D) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>2. Playgrounds (Sections 19.7 &amp; 19.8) (cont.)</b>					
- Separate area for children under 3 years	3				
- Adjacent to facility	3				
- Fence at least 5'/gates fastened	3				
- Free of fall, trip, and health hazards	3				
- Playground equipment is safe, does not get excessively hot to the touch*	4				
- Playground equipment properly installed and maintained	4				
- Playground equipment installed over fall protection materials*	4				
- Playground equipment developmentally appropriate	4				
<b>3. Fire Prevention/Protection (Section 21)</b>					
- Automatic sprinkler system provided if required	3				
- Local emergency fire alarm evacuation system provided	3				
- Direct exit to the outside from each activity room provided/panic hardware	3				
- Meets facility siting requirements	3				
<b>COMMENTS:</b>					

Non-compliance with any item marked with an asterisk (\*) will result in an unsatisfactory rating.

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9D) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>3. Fire Prevention/Protection (Section 21) (cont.)</b>					
- Fire extinguishers provided	3				
- Monthly fire inspection and exit drills documented/ corrective actions taken*	4				
- Action has been taken on items identified as <u>priority</u> on the most recent facility fire protection engineering survey report/copy of last report* (Date <u>  </u> / <u>  </u> / <u>  </u> )	4				
- Fire inspection (Date <u>  </u> / <u>  </u> / <u>  </u> Initials <u>  </u> )	4				
- Room capacities posted	2				
<b>4. Safety (Section 21)</b>					
- Closet door latches open from inside	4				
- Each room occupied by children has at least one window	4				
- Areas are free of nails, splinters, etc.	4				
- Walkways unobstructed/tripping hazards	4				
- Fall protection measures in place	4				
- Extension cords prohibited	4				
<b>COMMENTS:</b>					

Non-compliance with any item marked with an asterisk (\*) will result in an unsatisfactory rating.

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>4. Safety (Section 21) (cont.)</b>					
- GFCIs provided where required	4				
- Receptacles protected or in new construction 54" from floor	4				
- Fan blades properly guarded/mounted	4				
- Cleaning supplies in locked storage	4				
<b>B. PROGRAMS</b>					
<b>1. Objectives (Section 14)</b>					
- CDC space utilized for full-day care	3				
- Developmentally appropriate activities are conducted in a well-organized environment	4				
- Regular patron surveys and parent observation	3				
- Appropriate curriculum/interest centers	3				
- Staff/child interactions appropriate	4				
- Continuity of caregivers	4				
- Planned program in hourly care	3				
- ECERS conducted annually/documented	4				
<b>COMMENTS:</b>					

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>2. Activities (Section 15)</b>					
- Activities consistent with NAEYC's <u>Developmentally Appropriate Practice</u>	4				
- Balance of activities	4				
- Planned program of activities available	4				
- Activities include small group, adult, and child-initiated	4				
- Daily schedule posted and followed	4				
- Schedule includes outdoor activities	4				
- Program and environment foster independence and positive self-esteem	4				
- Meals and snacks are served family-style	4				
- Nap and rest routines are appropriate	4				
<b>3. Infant/Pre-Toddler/Toddler Care (Section 16)</b>					
- Age appropriate toys/equipment	4				
- Sufficient quantity, multiples of toys	4				
- Individual napping/feeding schedules followed	4				
- Appropriate opportunities and activities provided	4				
- Written plan addresses each child's developmental stages	4				
<b>COMMENTS:</b>					

**FORMS & RECORDS, cont.**

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>3. Infant/Pre-Toddler/Toddler Care (Section 16) (cont.)</b>					
- Separate crawl area for infants	4				
- No playpens/walkers/swings	4				
- Infants held for feeding	4				
- No high chairs for children over 12 months	4				
<b>4. Equipment, Materials &amp; Furnishings (Section 17)</b>					
- Developmentally/age appropriate toys/materials are provided	3				
- Sufficient quantity	3				
- Proper storage provided	2				
- Safe, sanitary condition	3				
- Child size appropriate furniture	4				
- Appropriate bedding and cots	4				
- Individual storage of children's belongings	4				
<b>C. STAFF/CHILD RATIO &amp; GROUP SIZE (Section 12)</b>					
<b>1. Staffing</b>					
- Ratios met at all times	4				
- Only direct caregivers counted in ratios	3				
- Two caregivers (or comparable measures) in each room	3				
<b>COMMENTS:</b>					

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)		CODE	COMPLIANCE			CORRECTIVE ACTION	
			YES	NO	PARTIAL		
<b>2. Group Sizes</b>							
- Requirements met at all times		4					
- Group assignments made on child's developmental level		4					
- Each group has clearly defined space and furnishings		4					
- Director or supervisor present at all times		3					
<b>D. CHILD ABUSE (Section 8)</b>							
<b>1. Reporting (CDC and FCC)</b>							
- Local requirements/procedures in place		3					
- Program representative on Family Advocacy Committee		4					
- DoD Hot Line posted		3					
- BUPERS report procedures established		3					
- Follow-up procedures established		3					
<b>2. Child Abuse Training</b>							
- Module 14		3					
- Staff training provided within 60 days		3					
- Resource library		3					
- Training includes Family Advocacy Program (FAP)		3					
<b>COMMENTS:</b>							



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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>3. Prevention</b>					
- Visual access into all areas	4				
- Entrance/exits observed and/or secured	3				
- Parent/visitor sign-in/identification procedures	3				
- Parent access provided	3				
- Staff name tags	3				
- Weekend and evening care precautions in place	3				
- Positive discipline and touch policy in writing	3				
<b>4. Background Checks (CDC and FCC) (Section 10)</b>					
- FBI-ID check/procedures*	4				
- SCHR check*	4				
- IRC check (local security/CAAC/Housing/FAR/BUMED/Division Officer, personal/professional references)*	4				
- Line of sight supervision until cleared* (CDC only)	4				
- Documentation available*	4				
- Employee notification procedures*	4				
<b>COMMENTS:</b>					

Non-compliance with any item marked with an asterisk (\*) will result in an unsatisfactory rating.

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>E. STAFF TRAINING/QUALIFICATIONS</b>					
<b>1. Personnel Health Requirements (Section 11)</b>					
- Pre-employment and annual medical screenings	3				
- Health records on file	3				
- Personal hygiene routines	3				
- Personal hygiene included in orientation training	3				
<b>2. Staff Qualifications (Section 12)</b>					
- CDCPA/CDCD meets qualification requirements	4				
- CDPA/CDCD position filled*	4				
- Training/curriculum specialist is GS*	4				
- Training/curriculum specialist meets qualification requirements	4				
- Caregivers meet qualification requirements	4				
- Caregiver in each child activity room to plan/implement program	3				
- Volunteers meet all requirements	3				
<b>COMMENTS:</b>					

Non-compliance with any item marked with an asterisk (\*) will result in an unsatisfactory rating.

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>3. Training (Section 13)</b>					
- Career progression provided	2				
- Orientation	3				
- 36 hour training	3				
- Documentation	2				
- Standardized caregiver training implemented	3				
- 4 hour monthly in-service training	3				
- Food service personnel training	3				
- Management staff training	3				
- Non-caregiver staff training	3				
<b>F. FOOD SERVICES (Section 18)</b>					
<b>1. Requirements</b>					
- USDA participation	3				
- Meals and snacks provided	3				
- Meal patterns followed	3				
- Menus posted	2				
- Appropriate serving utensils and dishes	3				
<b>COMMENTS:</b>					

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>G. FUNDING</b>					
<b>1. Financial Support (Section 1)</b>					
- Fees applied to caregiver wages	3				
- APF used for equipment, food, supplies, and services	3				
- APF used for personnel cost	3				
- MWR fund administrator has responsibility	3				
<b>2. Fees &amp; Charges (Section 3)</b>					
- Fee scale based on family income	3				
- Meals and snacks included in fees	3				
- Verified patron income	3				
<b>H. CERTIFICATION &amp; INSPECTION REQUIREMENTS (CDC) (Section 4)</b>					
- Comprehensive local fire/safety	3				
- Comprehensive health and sanitation	3				
- Annual multi-disciplinary	3				
- Daily facility and playground examination	3				
- Follow-up on deficiencies (CDC & FCC)*	3				
<b>COMMENTS:</b>					

Non-compliance with any item marked with an asterisk (\*) will result in an unsatisfactory rating.

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
I. PARENT PARTICIPATION/INVOLVEMENT (Section 7)					
- Advisory board established, includes CDC and FCC	3				
- Parent participation plan (CDC and FCC)	3				
- Parent information/daily reports	2				
- Annual conferences held	3				
J. HEALTH & SANITATION (Section 20)					
- Monthly inspections documented*/corrective actions	4				
- Health inspection (date ___/___/___ initial ___)	4				
- Medical representative assigned as POC	2				
- Written medical policies/procedures	3				
- Smoking prohibited	3				
- Appropriate heating, air conditioning, and ventilation	3				
- Drinking water is available	2				
- Lighting is appropriate	2				
- Toileting and hand-washing facilities	3				
- Water in diaper change area	3				
- Diaper area separate from food prep	3				
COMMENTS:					

Non-compliance with any item marked with an asterisk (\*) will result in an unsatisfactory rating.

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)		CODE	COMPLIANCE			CORRECTIVE ACTION	
			YES	NO	PARTIAL		
<b>J. HEALTH &amp; SANITATION (Section 20) (cont.)</b>							
- Appropriate diaper changing procedures are followed		4					
- Infection control followed		2					
- Waste disposal is appropriate		3					
- Food service operations comply		3					
- Custodial/housekeeping appropriate		3					
- Nap/sleeping arrangements appropriate		3					
- Child admission requirements met		2					
- Emergency release information		3					
- Screening procedures for illness		3					
- Oral health procedures		3					
- First aid kit available/well stocked		3					
<b>K. OTHER</b>							
<b>1. Patron Eligibility (Section 2)</b>							
- Priorities established as required/published		2					
- Waiting list reflects priority		2					
<b>2. Instructions and SOPs (Section 5) (CDC/FCC)</b>							
- SOPs available/inclusive		2					
- Employee/provider handbook available		2					
- Parent Handbook		2					
- Admin procedures and records		2					
<b>COMMENTS:</b>							

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE		CORRECTIVE ACTION
		YES	NO	
<b>3. Special Needs Children (CDC &amp; FCC) (Section 6)</b>				
- Special needs children accepted	2			
- Provisions for special needs children are appropriate	2			
<b>4. Cash Handling (Section 9)</b>				
- Change funds and petty cash are secured properly	3			
- Daily activity report completed	2			
- Security practices for handling funds are appropriate, staff receives training in cash handling	3			
<b>5. Alternative Program (Section 31)</b>				
- Referral program is in place	2			
- Supplemental programs offered	3			
<b>L. Family Child Care (FCC)</b>				
<b>1. Standards (Section 22)</b>				
- Policy and procedures ensure in-home care is not permitted unless subject to inspection and approval	4			
- APF for personnel, training, resource library, operational oversight, and miscellaneous expenses	3			
- FCC Coordinator meets qualification standards	4			
<b>COMMENTS:</b>				

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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>2. Administrative Procedures (Section 23)</b>					
- Number of homes assigned to FCC staff does not exceed established guidance	4				
- Monthly unannounced visits are made/documented by FCC staff of certified homes*	4				
- The FCC office maintains a list of all children enrolled in the program and emergency numbers for parents	2				
- Administration has command support from fire/safety/security/housing/Preventive Medicine	3				
- Quality Review Board is established	4				
- Denial and revocation procedures are in place	3				
- FCC is included on the annual multi-disciplinary team inspection	3				
<b>3. Group Size/Space (Section 25)</b>					
- Group size complies	3				
- Indoor space requirements are met	2				
- Outdoor space requirements are met	3				
- Types of homes comply	2				
<b>COMMENTS:</b>					

Non-compliance with any item marked with an asterisk (\*) will result in an unsatisfactory rating.



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## FORMS &amp; RECORDS, cont.

STANDARD (OPNAVINST 1700.9 SERIES) Severity Code 1, 2, 3, 4 (4 severest)	CODE	COMPLIANCE			CORRECTIVE ACTION
		YES	NO	PARTIAL	
<b>4. Qualifications and Responsibilities (Section 26)</b>					
- FCC applicants meet minimum certification requirements*	4				
- Initial health screening completed and updated annually	3				
- Monthly training is completed and documented	4				
- Payment of liability insurance is documented*	4				
- All required certificates are posted	3				
- Provider meets health standards*	4				
- Provider meets fire and safety standards*	4				
<b>5. Program Requirements (Section 30)</b>					
- Variety of games, toys, books and materials available for all ages	4				
- Daily schedule of activities meets the developmental needs of children	4				
- Television use enhances the development of the children	4				
- Positive discipline techniques are practiced and aid the children in developing self-control	4				
- Provider successfully meets the requirements of the FCC Providers' Training Program	4				
- FCC providers serve meals and snacks that meet the United States Department of Agriculture Child and Adult Food Program guidelines	3				
<b>COMMENTS:</b>					

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**FORMS & RECORDS, cont.****ANNUAL CERTIFICATION CHECKLIST****OVERALL RATING SCALE**

<b>CATEGORY</b>	<b>POSSIBLE POINTS PER CATEGORY</b>	<b>FILL IN POINTS RECEIVED</b>
A FACILITY REQUIREMENT	123	
B PROGRAMS	123	
C STAFF:CHILD RATIO & GROUP SIZE	25	
D CHILD ABUSE	74	
E STAFF TRAINING/QUALIFICATIONS	63	
F FOOD SERVICES	14	
G FUNDING	21	
H CERTIFICATION/INSPECTION REQUIREMENTS	15	
I PARENT PARTICIPATION/INVOLVEMENT	11	
J HEALTH & SANITATION	64	
K OTHER	29	
L FAMILY CHILD CARE	93	

<b>IF INSPECTING:</b>	<b>CDC AND FCC PROGRAMS</b>	<b>CDC ONLY</b>	<b>FCC ONLY</b>	<b>TOTAL POINTS RECEIVED THIS FY__</b>
<b>TOTAL POSSIBLE POINTS</b>	655	562	153	
EXCELLENT	641 POINTS AND ABOVE	550+	149+	<b>OVERALL RATING</b>
HIGHLY SATISFACTORY	640-589 POINTS	549-505	148-145	
SATISFACTORY	588-556 POINTS	504-477	144-110	
UNSATISFACTORY	LESS THAN 556	LESS THAN 477	LESS THAN 110	

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## FORMS &amp; RECORDS, cont.

RCS BUPERS 1700-11

SEMI-ANNUAL REPORT FOR THE CHILD DEVELOPMENT CENTER														
COMMAND NAME					PHONE NO. (DSN) COMMERCIAL					FAX NO		REPORTING PERIOD: FY _____ (1) (2)		
<b>SECTION A</b>														
Building Number	Capacity										Enrollment			
	Full Day				Part Day	SACC	Hourly				TOTAL	Full Day	Part Day	SACC
	I	PT	T	PS	I		PT	T	PS					
Bldg. # ____														
Bldg. # ____														
Bldg. # ____														
Total														
<b>SECTION B</b>														
ENROLLMENT BY CATEGORY	Children of enlisted members enrolled in program					Children of dual military members enrolled in program								
	Children of officer members enrolled in program					Children of single parent members enrolled in program								
	Children of civilian members enrolled in program					Number of special needs children enrolled in program								
<b>SECTION C</b>														
ITEM 1 Waiting list by sponsor					ITEM 2 Waiting list by age group					ITEM 4 Present child care arrangements				
A. Single Military					A. Infant (0-12 months)					A. FCC on-installation				
B. Dual Military					B. Pre-Toddlers (12-24 months)					B. FCC off-installation				
C. Military/DoD spouse					C. Toddlers (24-36 months)					C. Other military child development center				
D. Dual DoD Civilian					D. Preschool (3-5 years)					D. Civilian child development center				
E. Single DoD Civilian					Total					E. Military alternative care				
F. Retired Military					ITEM 3 Waiting list by topic					F. Non-military alternative care				
G. Military Reserve					A. Special needs					G. In-home care				
H. National Guard					B. On another military waiting list					H. No present care				
I. Military/unemployed spouse					C. In self-care					I. Other (explain)				
J. Military/other than DoD spouse					D. No present care									
TOTAL					TOTAL					TOTAL				
ITEM 5 A. No. spouses employment prevented					B. Avg. income lost (per family per year)					C. Avg. time taken to obtain care				
<b>SECTION D Attendance day of record</b>														
Date					Date					<b>SECTION E</b>				
Date					Military					Civilian				
A. Full-day care										after 1800 Mon-Thur				
B. Part-day program										Total hours				
C. Hourly										Number of children				
D. SACC										Remarks				
Total														

NAVPERS 1700/11 (Rev. 6-94)

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**FORMS & RECORDS, cont.**

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**INSTRUCTIONS FOR COMPLETING RCS BUPERS 1700/11  
SEMI-ANNUAL REPORT FOR THE CHILD DEVELOPMENT CENTER**

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**NOTES:**

- Complete all items. Items not discussed are self explanatory.
- Report all statistics in whole numbers. Round off fractions to the nearest whole number.
- When a response or clarification of a response is put in remark section, note "R" on report form in the corresponding box. When additional space is needed for remarks, use a plain sheet of paper and attach it to the report.
- When a response or clarification of a response is put in remark section, note "R" on report form in the corresponding box. Be sure all requested individuals sign the report before it is faxed or mailed.

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## **FORMS & RECORDS, cont.**

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### **DEFINITIONS:**

#### Reporting Period:

Report should cover from the first day of the first month to last day of the sixth month of each reporting period.

Reporting period 1 is 1 Oct- 31 March;

Reporting period 2 is 1 Apr -30 Sept

#### Day of Record:

Use the last day of the period (31 March or 30 September) as the "Day of Record". If this falls on a Saturday, Sunday or federal holiday, use the data as of the previous workday.

#### Full Day Care:

Child care services provided 5 hours or more per day on a regular basis, usually at least 4 days per week, for children ages 6 weeks through 5 years of age.

#### Part Day Care:

Child care services provided on a seasonal or regularly scheduled basis for fewer than 5 hours per day, usually fewer than 4 days per week, for children ages 6 weeks through 5 years of age.

#### Hourly Care:

Care provided in a child development center that meets the needs of parents requiring short term child care services on an intermittent basis.

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**FORMS & RECORDS, cont.**

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School Aged Care (SAC):

Services which provide part-day or hourly care for children 6-12 years of age who require supervision during duty hours, before and after school, and during school closures.

Infant (I):

Children 6 weeks through 12 months of age

Pre-Toddler (PT):

Children 13 months through 24 months of age

Toddler: (T)

Children 25 months through 36 months of age

Pre-School Age Child: (PS)

Children from 37 months through 5 years of age

School Aged Child:

Children aged 6 years through 12, or attending kindergarten through sixth grade, enrolled in a school-age care program.

Special Needs Children:

Children with special needs include, but are not limited to, those who are gifted, physically handicapped, audio-visually disabled, mentally retarded, chronically ill (having asthma or other conditions, including epilepsy, heart and kidney problems), required to have special diets, emotionally and perceptually disabled.

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## **FORMS & RECORDS, cont.**

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### Capacity:

The total number of spaces available in your program to provide care.

### Enrollment:

The total number of children for whom care is currently contracted.

### **Reporting Period:**

Enter fiscal year. Circle appropriate reporting period.

### **Section A:**

#### **Building Number:**

Programs with multiple structures are to enter information for each separate building. Identify information by building number. Total the information for the program in the bottom row.

### **CAPACITY:**

Under column "*TOTAL*", enter the total capacity of all the classrooms.

Break down the total capacity into the categories indicated with "*PART DAY*" given as a total figure (not subdivided by age groups).

*Hourly* - enter only spaces permanently assigned to this category. DO NOT INCLUDE "space as available."

Proof figures to ensure the numbers from the categories add up to the number in the *TOTAL* column.

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**FORMS & RECORDS, cont.**

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**ENROLLMENT:**

Note: enrollment may not, but can be the same as total capacity.

If your program has morning and afternoon preschool, count both totals, the morning and afternoon groups, under PART DAY.

**Section B:**

Enter number of children currently enrolled in each category.

Children counted in the three categories on the left may be counted again in the categories on the right; i.e. child of an enlisted member may also be counted as a child of a single parent.

Some children may be counted three times; i.e. officer's child of a dual military family with special needs.

NOTE: The total children of enlisted + officer + civilians (three boxes to the left) must equal the TOTAL enrollment figure in Section A (FULL DAY + PART DAY + SACC).

Enter the number of children whose sponsor is a retired military member on a remarks page and attach it to the report.



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**FORMS & RECORDS, cont.**

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**Section C:**

This section is a summary of the information on the Department of Defense Child Development Program Request for Care Record (DD 2606). See that form for explanation of any terms.

Total the information from forms completed by parents on your waiting list. Enter those numbers here.

**Section D:**

Total each column

**Section E:**

Enter the total number of hours the center is open, on an average, PER WEEK in each of the time periods indicated.

after 1800 Mon-Thur - total all hours for these days

Fri - hours after 1800 on this day alone

Sat & Sun - total any combination of hours for each day

Enter the average number of children using the care per week during each time period.

Remarks: indicate the variance in hours of operation; i.e. till 1830 M-TH;  
0830-1300 SUN

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**FORMS & RECORDS, cont.**

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**Section F:**

Enter dates, MONTH/DAY/YEAR, in each appropriate box.

If an action is scheduled enter the estimated date with the abbreviation, EST (+ date).

If you are in the reaccreditation process, indicate by "RE" under D.

**Section G:**

**Item 1A:** Use actual 6 month reimbursement received to compute average.

**Item 1B:** Circle Yes or No. (If APF is used for a portion of the food bill, or if APF is used for a contract for food, indicate Yes.)

**Item 2:** For each time count children served in all child care facilities.

**Section H:**

If you have no one designated for this duty, write NONE after the word Position.

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**FORMS & RECORDS, cont.**

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**Section I:**

For each Fee Category enter the FEE charged by your program at the bottom of the column.

NOTE: Use FULL ENROLLMENT FIGURES ONLY to indicate the total number of children, by age group, qualifying in each category.

**Item H:** Number of hardship waivers: Enter only the number of fee waivers **approved** due to hardship situations.

**Section J:**

# (number) of billets: Indicate number of billets **allotted** for each of the position areas.

Grade of position: If there are more than one billet for a position, indicate any variance in grades and explain with "remarks" on additional paper.

**Item 1D:** Enter the additional position filled by the individual even when it is duplicated in this listing or listed on the FCC semi-annual report; i.e. CDCD *Dual Hatted as "T/C"* = Training/Cur Spec *Dual Hatted as "CDCD"*

Degree: list actual degree achieved, i.e. AA, BA, etc.

**Item 2D:** Indicate the total number of hours worked per week by all employees in each of the position areas. (If there are two operations clerks, each working 40 hours per week, enter "80".)

Custodian Contract. Indicate "YES" if custodial services are contracted (either through a commercial contract or the base janitorial contract)

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**FORMS & RECORDS, cont.**

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**Item 3:** GSE-2, GSE-3, GSE-4 and GSE-5 are non-appropriated fund caregivers; GS-2, GS-3, GS-4, and GS-5 are appropriated fund caregivers.

**Item 3A:** Authorized. Enter the number of authorized billets in each of the categories.

RFT= Regular Full Time

RPT= Regular Part Time

Flex = Flexible schedule

**Item 3F:** Include both GS and GSE positions.

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## FORMS &amp; RECORDS, cont.

RCS BUPERS 1700-12

SEMI-ANNUAL REPORT OF FAMILY CHILD CARE PROGRAM							
COMMAND NAME		PHONE NO (DSN) COMMERCIAL		FAX NO		REPORTING PERIOD FY ____ (1) (2)	
Total command housing units _____		Total enlisted housing units _____		Total officer housing units _____			
SECTION A Enrollment							
ITEM 1		ITEM 2		Military	DoD civilian	Provider own	Total Full Time
A. Enlisted family		A. 6 wks - 12 mos.					
B. Officer family		B. 13 - 24 mos.					
C. DoD Civilian family		C. 25 - 36 mos.					
D. Dual military family		D. 3 - 5 yrs					
E. Single parent family		E. 6 - 8 yrs					
F. Special needs		F. 9+ yrs					
G. Extended hours		TOTAL					
SECTION B							
ITEM 1 Number of providers		ITEM 3 Provider Information					
A. Active		A. Providers certified: 0 - 1 yr ____ 1 - 2 yr ____ 2 - 4 yrs ____ 5+ yrs ____					
B. Inactive		B. Providers who have completed FCC training program					
C. In-process		C. Educational level: HS ____ AA degree ____ BS degree ____ higher ____					
ITEM 2 Number of homes with		D. Additional certification: CDA ____ State License ____					
A. Full enrollment		E. Previously certified by: Navy/Marine ____ Army ____ Air Force ____					
B. Infants only		F. Average length of time in local program					
C. Mildly ill care		G. Average age of provider					
D. Extended hours							
ITEM 4 Provider certification				ITEM 5 Providers leaving the program			
A. Providers waiting for certification				A. Due to PCS orders			
B. Providers certified this period				B. Personal reasons			
C. Certificates denied this period				C. Out of home employment			
D. Certificates suspended this period				D. Burn out			
E. Certificates revoked this period				E. Other (explain below)			
Remarks _____							
SECTION C							
ITEM 1 Attendance on day of record Date _____				ITEM 2 Waiting list			
A. Total number of children				A. No waiting list kept			
B. Children from military families				B. Waiting list shared with CDC			
C. Children from civilian families				C. Number of children awaiting care in FCC homes			

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**FORMS & RECORDS, cont.**

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**INSTRUCTIONS FOR COMPLETING SEMI-ANNUAL  
REPORT OF FAMILY CHILD CARE PROGRAM****NOTES:**

- Complete all items. Items not discussed are self-explanatory.
- Report all statistics in whole numbers. Round off fractions to the nearest whole number.
- When a response or clarification of a response is put in remark section, note "R" on report form in the corresponding box. When additional space is needed for remarks, use a plain sheet of paper and attach it to the report.
- BE SURE all requested individuals sign the report before it is mailed or faxed.
- Provide all information as of the "day of record" and for this reporting period only, unless otherwise indicated.

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**FORMS & RECORDS, cont.**

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**DEFINITIONS:**

**Reporting Period:**

Reporting period 1 is 1 Oct- 31 March;

Reporting period 2 is 1 Apr -30 Sept

**Day of Record:**

Use the last Wednesday of the Reporting Period as the "*Day of Record*".

**Full Day Care:**

Child Care Services provided 5 hours or more per day on a regular basis, usually at least 4 days per week, for children ages 6 weeks through 5 years of age, or school-aged children attending before and/or after school (at least 4 days per week) and during school closures.

**Part Day Care:**

Child Care Services provided on a seasonal or regularly scheduled basis for fewer than 5 hours per day, usually fewer than 4 days per week, for children ages 6 weeks through 5 years of age. This includes hourly care during school closures.

**Extended Hours:**

Providing care outside the "normal" working hours of 0600-1800.

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**FORMS & RECORDS, cont.**

---

APF Subsidy:

Appropriated fund/direct cash assistance given to individual FCC providers to reduce the amount charged to parents.

Infant:

For purposes of this report and FCC: Children 6 weeks through 24 months of age.

Special Needs Children:

Children with special needs include, but are not limited to, those who are gifted, physically handicapped, audio-visually disabled, mentally retarded, chronically ill (having asthma or other conditions, including epilepsy, heart and kidney problems), required to have special diets, emotionally and perceptually disabled.

Mildly Ill Care:

Homes providing care exclusively for children with minor illnesses.

Enrollment:

Total number of children for whom care is currently contracted.

Full Enrollment:

Full enrollment must be in accordance with OPNAVINST 1700.9D group sizes (e.g., 3 children for infant/toddler homes, 6 children for multi-age groups, and 8 children for school aged homes).



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**FORMS & RECORDS, cont.**

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CDA:

Child Development Associate (CDA) credential

**Reporting Period:**

Enter fiscal year.

Circle appropriate reporting period.

**Section A:**

**Item 1:** Enter number of children currently enrolled fulltime in each category.  
(Do not include provider's own children.)

If one parent is active duty and one parent is a DoD civilian, count the child in the active duty category (officer or enlisted as appropriate).

Children counted in the first three categories, A - C, may be counted again in the categories D - G ; i.e. child of an enlisted member may also be counted as a child of a single parent.

Some children may be counted three times; i.e. officer's child of a dual military family with special needs.

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**FORMS & RECORDS, cont.**

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NOTE: The total children in Item 1, boxes A - C (enlisted + officer + civilian) must equal the sum of the first two columns in Item 2

Record the number of children whose sponsor is a retired military member on a *REMARKS* page and attach to this report.

**Item 2:**

**TOTALS:** total the full-day figures down each sponsor column (Military, DoD civilian, provider own) and across each row (by age group).

Add all the column totals across the bottom row; this should equal the sum of the *TOTAL full-day column*

**PART-TIME CARE:** record number by age group only. Add the column to indicate the total number receiving part-time care.

**Section B:**

**Item 1B:** Inactive includes certified providers who currently are not caring for children for any reason, but, typically, might include those on leave, off base, or suspended.

**Item 1C:** Enter number of applicants pursuing certification who are included in FCC coordinator/monitors' caseload.

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**FORMS & RECORDS, cont.**

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**Item 3A:** If a provider was certified at a previous command (or was state licensed) and moved to your command, include both the previous and current time. Count providers certified less than a year in "1 yr" then explain the break down under *REMARKS* (e.g., 3A: 4 less than a year).

**Item 3B:** Record only those who have successfully completed ALL THIRTEEN (13) modules.

**Item 3C:** Group and count providers by the highest educational level achieved.

**Item 3D:** Indicate number of providers who have a CDA. Indicate number of providers who also have a state license.

**Item 4A:** Applicants who qualify but for some reason have not become certified (e.g. command has put a ceiling on the number of homes that can participate in the FCC program at one time).

*REMINDER:* "this period" means "this reporting period."

**Item 5:** Report changes occurring during this reporting period only.

**SECTION C:**

**INCLUDE** providers' children in the count for this section.

NOTE: Item 1A must equal 1B + 1C
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**FORMS & RECORDS, cont.**

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**Items 2A/2B:** Place "X" in the appropriate box.

**Item 2C:** Enter a number here only if a separate waiting list is kept for FCC.  
*Do not* include unborn children.

**SECTION D:**

*REMINDER:* Enter numbers as of this reporting period only.

**Item 1A:** Count providers on "date of record".

**Item 1B:** Enter average USDA reimbursement (FCC Administrative Funds) received by the command. Divide the total amount received for the last 6 months by 6 and enter that figure.

**Item 1C:** Enter the average amount of money USDA reimburses providers. Divide total amount of reimbursement to providers by the number of providers participating and enter that figure.

**Item 2B:** Enter the total dollar amount of APF subsidies paid to all providers.

**Item 2C:** Enter the average dollar amount of subsidy paid to a provider who is reimbursed on a weekly fee basis.

**Item 2D:** Enter the average dollar amount of subsidy paid to a provider who is reimbursed on an hourly fee basis.

**Item 2E:** Enter the AVERAGE *weekly* fee paid by subsidized parents to the provider.

**Item 3A-F:** In each dollar category record the number of providers who charge in that range per child per week. *Do not include fees for extended hours of care.*

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**FORMS & RECORDS, cont.**

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**Item 3H:** Enter the average hourly fee charged by providers who charge for care by the hour instead of charging a weekly rate (e.g., \$2.00, \$2.50, \$3.00 per hour).

**SECTION E:**

**Items 1A/2A:** Indicate the number of billets AUTHORIZED for each of the positions. If there are vacant billets, provide status in the *REMARKS* section.

**Items 1B/2B:** Enter GS or NF then the series and grade (e.g., GS 1701-09, NF 1702-03).

**Items 1D/2D:** Enter any additional position held by an individual even if it is also recorded on the CDC semi-annual report (e.g., FCC Coordinator/CDPA, CDC Operations Clerk/FCC Operations Clerk, FCC Coordinator/Assistant CDC Director).

**Items 1E/2E:** List level of actual degree achieved (e.g., AA, BA, BS, MA)

**Items 1F/2F:** Enter the number of hours a week the position is scheduled to work (e.g., 40 hours, 25 hours).

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## FORMS &amp; RECORDS, cont.

## CHILD DEVELOPMENT PROGRAM REGISTRATION CARD

## CHILD DEVELOPMENT SERVICES

NAME OF CHILD (LAST, FIRST, MIDDLE)		SEX	AGE	BIRTHDATE (DD/MM/YY)		ID CARD NUMBER	
SPONSOR'S NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO		RANK/RATE	BRANCH	STATUS: ACT ( ) RET ( ) CIV ( ) ENL ( ) OFF ( )	
HOME ADDRESS					HOME PHONE		
DUTY STATION			DUTY PHONE		DATE OF ROTATION		
(CIRCLE ONE) SINGLE PARENT/ DUAL MILITARY/FULL-TIME WORKING SPOUSE		IF SPOUSE IS MILITARY (Please check) STATUS: ACT ( ) RET ( ) ENL ( ) OFF ( )			BRANCH	RANK/RATE	
SPOUSE'S NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NO		PLACE OF EMPLOYMENT/PHONE			

## EMERGENCY NOTIFICATION/RELEASE DESIGNEE (other than parents)

NAME	PHONE NUMBER	RELATIONSHIP

## OFFICE USE ONLY

USDA CATEGORY		PRIMARY TYPE OF CARE			CDS PROGRAM RATES FOR THIS FAMILY	
YES	NO		CENTER	HOME	RATES	
FULL		FULL DAY			FULL DAY:	
REDUCED		PART DAY			HOURLY:	
PAID		DROP-IN			B/A SCHOOL:	
					PART-DAY:	
					PRESCHOOL:	

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## FORMS &amp; RECORDS, cont.

## MEDICAL INFORMATION IMMUNIZATION DATES

VACCINE	2 MONTHS	4 MONTHS	6 MONTHS	4-6 YEARS	ALLERGIES? ( ) YES ( ) NO
DTP					IF YES, WHAT?
OPV					
MIB					SPECIAL NEEDS ( ) YES ( ) NO
					IF YES, EXPLAIN:
	15 MONTHS		4 - 5 YEARS		
MMR					

## SPONSOR AGREEMENT:

I HEREBY GIVE MY CONSENT FOR AN AUTHORIZED CHILD DEVELOPMENT SERVICES (CDS) REPRESENTATIVE TO TRANSPORT MY CHILD, FOR CARE (MEDICAL OR DENTAL) IN AN EMERGENCY SITUATION. I UNDERSTAND THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO NOTIFY ME PRIOR TO SUCH ACTION. ANY EXPENSE INCURRED WILL BE BORNE BY ME AND TREATMENT MAY TAKE PLACE AT A NAVY MEDICAL FACILITY.

_____ SPONSOR'S SIGNATURE	_____ DATE	_____ CDS REPRESENTATIVE'S SIGNATURE	_____ DATE
_____ SPONSOR'S SIGNATURE	_____ DATE	_____ CDS REPRESENTATIVE'S SIGNATURE	_____ DATE

## PRIVACY ACT STATEMENT:

AUTHORITY: P.L. 101-89, Sec. 1507, "Military Child Care Act of 1989"; Title 5 U.S.C. 301 Departmental Regulations; E.O. 9397; and OPNAVINST 1700.9 "Child Development Programs."

PURPOSE: To provide Child Development Services (CDS) programs with authorization for medical treatment in emergency situations; identify children and sponsors; record required immunizations; and record known allergies and special instructions.

ROUTINE USES: Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children. The SSM is necessary so that the Child Development Center or Family Home Care programs can identify the individual and his/her records. Information furnished may be disclosed to any DOD component, and upon request, to other Federal, state and local governmental agencies in the pursuit of their official duties relating to proper child care. Finally, the information may be disclosed to law enforcement activities for the purpose of litigation.

VOLUNTARY DISCLOSURE: Furnishing the information is voluntary, however, failure to provide the requested information could result in denial of a child's admission to the CDS programs.

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**FORMS & RECORDS, cont.**

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**CHILD DEVELOPMENT SERVICES (CDS)  
INFORMATION/INSTRUCTIONS FOR  
CHILD REGISTRATION CARD**

1. A separate card is to be completed for each child registered.
2. The parent is to complete all information about the family and/or child.
  - After completing the form parents must then sign and date the line in the box SPONSOR AGREEMENT. (This signature and date verifies that all information is correct and validates the agreement to allow transport for medical emergencies.)
  - Each year the card is to be reviewed, corrected where necessary, signed, and dated.
  - Suggested instructions to assist the parent in completing the card are supplied on Page 32.63.
3. A CDS representative is to:
  - Complete the section under OFFICE USE ONLY.
  - Verify the immunizations in MEDICAL INFORMATION.
  - Sign and date in SPONSOR AGREEMENT box as witness to the parent's signature and date.

**FOR CHILD DEVELOPMENT CENTERS:**

4. All cards shall be kept in a card file at the front desk.

**FOR FAMILY CHILD CARE PROGRAMS:**

5. FCC providers shall maintain a CDS Registration Card for each child in the home.
  - Cards shall be in an easily accessible location (for the telephone or for evacuation).

**FOR ALL PROGRAMS:**

6. Cards shall be taken outside with the sign-in sheet during an evacuation drill or in the event of an emergency.
7. Duplicate cards can be kept in the vehicle for field trips if applicable.
8. Copies of the official IMMUNIZATION RECORD are to be kept in addition to the information on this card.



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## FORMS & RECORDS, cont.

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### REGISTRATION CARD INSTRUCTIONS

Complete the attached card to register your child in the local Navy Child Development Program. (A SEPARATE CARD MUST BE COMPLETED FOR EACH CHILD.)

The following information will explain some areas of the card. A Child Development Services (CDS) staff member will answer any additional questions.

- ID CARD NUMBER. List the number of the sponsoring parent.
- STATUS. Mark all boxes that apply to the status of the sponsoring parent.
- HOME ADDRESS. Include city and zip code with street address.
- EMERGENCY NOTIFICATION. List three names (NOT PARENTS). (Parents will be the first called in case of emergency; these names are in case the parents cannot be reached. The names listed here should be people whom you will allow to pick up your child should you not be able to do so.)
- MEDICAL INFORMATION

Medical information is placed here for expediency of records. AN OFFICIAL IMMUNIZATION record from a doctor must be furnished to be copied for the child's permanent file.

It is very important to list any ALLERGIES or SPECIAL NEEDS for quick reference should emergencies occur.

- SPONSOR AGREEMENT

Write your child's name in the appropriate space giving permission for emergency medical transport.

Your signature and date (with a CDS witness) will:

- Verify that all information on the card is correct.
- Validate your permission for emergency medical transport.

(You will be asked to sign this card annually to confirm these two areas.)

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**FORMS & RECORDS, cont.**

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**SAMPLE MESSAGE FORMAT  
FOR  
NOTIFICATION OF CHILD SEXUAL ABUSE ALLEGATIONS**

FROM: (Command)  
TO: BUPERS WASHINGTON DC  
INFO: (Chain of Command)

SUBJ: NOTIFICATION OF CHILD SEXUAL ABUSE ALLEGATION

REF: (a) OPNAVINST 1700.9D

1. Per reference a, general text details allegation of child sexual abuse at CDC (or FCC unit) at (Command).

2. Briefly state:

- Date of alleged incident (YY/MM/DD)
- Date case reported at installation (YY/MM/DD)
- Date reported to Child Protective Services (CPS) (YY/MM/DD)
- Activity where alleged abuse occurred
- Alleged offender's position within activity
- Alleged victim's age, DOB (YY/MM/DD), and sex
- Agencies involved in conducting the investigation (FAP, CPS, NIS, etc.)
- Brief incident description
- What support being provided to parents?
- What future action planned?

3. POC's name and AUTOVON telephone number

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## FORMS &amp; RECORDS, cont.

CHILD DEVELOPMENT/YOUTH PROGRAMS CONDITION OF EMPLOYMENT STATEMENT OF ADMISSION		
THIS FORM MUST BE COMPLETED PRIOR TO EMPLOYMENT/CERTIFICATION		
<b>PRIVACY ACT STATEMENT:</b> Authority to request the following information is derived from 5 U.S.C. 301, 10 U.S.C. 5031, Executive Order 9397, and DoD Instruction 1402.5 Implementing Public Law 101-647, Section 231, and Public Law 102-190, Section 1094. <b>PRINCIPAL PURPOSE:</b> The form will be used by officials of the Department of Navy to obtain background clearance information regarding prospective child development employees/family child care providers/youth programs personnel for use in the employment/certification process. <b>ROUTINE USES:</b> No information will be disclosed outside the Department of Defense. <b>DISCLOSURE:</b> Completion of this form is voluntary, however, if the requested information is not provided, employment and/or certification of the applicant may be denied. Providing false information can result in adverse action up to and including removal. <b>RIGHT TO CHALLENGE:</b> You have the right to challenge the accuracy of records under the provision of DoD Directive 5400.11.		
Applicant _____	SSN _____	
Spouse _____ <small>military spouse only</small>	SSN _____	
Address _____		
City _____	State _____	Zip _____ Phone _____
MY SIGNATURE VERIFIES THAT THE INFORMATION BELOW IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.		
Applicant's Name (print)	Applicant's Signature	Date
Spouse's Signature		Date
Have you ever been arrested or charged for a crime involving a child victim, a sex crime, a substance abuse felony, or a violent crime?  Applicant:    Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been asked to resign a position or been decertified from a position for a sexual offense?  Applicant:    Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, to either question, please provide a detailed description of the arrest or charge and the disposition of the case. (use back of this paper if additional writing space is needed)		

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STATEMENT OF ADMISSION (cont'd)		
<b>APPLICANTS</b> for the Family Child Care Program are to provide the following information for total family background clearances. List all family members, over the age of 12 years, residing in your household.		
NAME	AGE	SOCIAL SECURITY
Have any of your family members ever been arrested or charged for a crime involving a child victim, a sex crime, a substance abuse felony, or a violent crime?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have any of your family members ever been asked to resign a position or been decertified from a position for a sexual offense?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes to either of these questions, please provide a detailed description of the arrest or charge and the disposition of the case.		
FOR OFFICIAL USE ONLY( Person verifying this statement of admission)		
Name (print)	Signature	
Title	Date	

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**FORMS & RECORDS, cont.****BACKGROUND CHECK TRACKING FORM**

<b>NAME:</b> _____ <b>HIRE DATE:</b> _____ <b>CERT. APPLICATION DATE:</b> _____		
<b>ACTION ITEMS</b>	<b>INITIATED</b>	<b>COMPLETED</b>
STATEMENT OF ADMISSION		
National Agency Check (NAC) (NAF/FCC Only)		
National Agency Check Inquiry (NACI) (APF)		
Reference Checks: Education, Professional/Personal (at least three)		
Family Advocacy Check		
BUMED		
Group Interview (FCC Only)		
CAAC		
Housing Office (FCC Only)		
Division Officer (FCC Only)		
Local Security Check		
STATE CRIMINAL HISTORY REPOSITORY (SCHR) (CDC Only)		
1.		
2.		
3.		
<b>Comments:</b>   		

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**FORMS & RECORDS, cont.****SAMPLE - TO BE PRINTED ON COMMAND LETTERHEAD****SECURITY APPLICATION**

Date: \_\_\_\_\_

From: MWR Department, Personnel Office

To: \_\_\_\_\_ (Local Security/NIS)

Subj: STATE CRIMINAL HISTORY REPOSITORY CHECKS

Ref: (a) Public Law 101-647, Section 231, "Crime Control Act of 1990"

1. As required by reference (a), in-depth background checks are required on all individuals seeking to work with children under 18 years of age in child development/youth programs. These background checks are to certify that the individuals in question have not been involved in any misconduct involving a child victim, a sex crime, a substance abuse felony, or a violent crime.

2. \_\_\_\_\_ has applied to work with children. It is requested that all available records pertaining to the applicant and his/her sponsor (if applicable) be screened for any information that might adversely affect his/her suitability to work with children in our programs.

3. The information below is provided for a local police/State Criminal History Repository check:

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Current Address: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of Birth: \_\_\_\_\_

\*\*\*\*\*

FORMER RESIDENCES (past ten years, not beyond age 18):

FROM (DATE)	TO (DATE)	STREET/NUMBER	CITY/STATE

3. Please forward to: \_\_\_\_\_  
 \_\_\_\_\_ (fill in local command information)

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

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**FORMS & RECORDS, cont.**

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From: Director, Child Development Program Administrator or FCC coordinator  
To:

Subj: BACKGROUND CLEARANCE FOR CHILD DEVELOPMENT CENTER (CDC) EMPLOYMENT OR  
FAMILY CHILD CARE (FCC) APPLICATION

Ref: (a) OPNAVINST 1700.9D

1. As required by reference (a), in-depth background checks are required on all individuals seeking to work with children in our Child Development Services Programs. These background checks are to determine that the individuals in question have not been involved in any misconduct involving children, assaultive behavior, substance abuse and larceny.

2. \_\_\_\_\_ has applied to work with children. It is requested that all available records pertaining to the applicant and his/her sponsor (if applicable) be screened for any information that might adversely affect his/her suitability to work with children in our programs.

Applicant Information

NAME:  
FORMER NAMES:  
SS#:  
QTRS ADDRESS (if applicable):

QTRS PHONE (if applicable):

Sponsor Information

NAME:  
FORMER NAMES:  
SS#:  
ORGANIZATION:

DUTY PHONE:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHILD DEVELOPMENT SERVICES DIRECTOR

From:  
To: Director, Child Development Services Program

Subj: BACKGROUND CLEARANCE FOR CHILD DEVELOPMENT CENTER (CDC) EMPLOYMENT OR  
FAMILY CHILD CARE (FCC) APPLICATION

1. A check of all records pertaining to the above named individual(s) disclosed the following:

- |   |  |
|---|--|
| <input type="checkbox"/> No record of applicant | <input type="checkbox"/> No adverse information              |
| <input type="checkbox"/> No record of sponsor   | <input type="checkbox"/> Adverse information as stated below |

2. Comments:

3. Recommended for approval/disapproval.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE, RANK/POSITION

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**FORMS & RECORDS, cont.**

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**SAMPLE PARENT AGREEMENT**

I understand and agree that as long as my child \_\_\_\_\_ is enrolled in \_\_\_\_\_  
\_\_\_\_\_ Child Development Center (CDC), I will:

1. Pay a total weekly fee of \_\_\_\_\_ which is based on my total family income.
2. Provide yearly updated information to verify current income. I understand that I will be charged the highest fee on this center's scale if income verification is not provided.
3. Not withhold any information from the CDC staff which would affect my weekly fee in any way.
4. Pay the set weekly fee which will not be discounted due to illness, federal holidays, family vacations or scheduled center closings unless this command has chosen to give one or more of these discounts.
5. Pay the set weekly fee within the time constraints set by this command.
6. Pay a registration fee of \_\_\_\_\_ if it is required for enrollment at this installation.
7. Pay a service charge for checks returned as set by this command.
8. Not exceed or expect the center to provide more than 50 hours of care per week without additional compensation. I agree that these hours will be provided during regular working hours. I understand that all care provided during special openings, and weekends will require additional compensation. (Case-by-case exceptions require a waiver by the Commanding Officer.)
9. Pay an hourly care fee of \_\_\_\_\_ per hour.
10. Ensure that my account is paid in full when discontinuing service for any reason.

\_\_\_\_\_  
Sponsor's Signature      Date

\_\_\_\_\_  
CDC Representative's Signature      Date



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## FORMS &amp; RECORDS, cont.

DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM REQUEST FOR CARE RECORD				REPORT CONTROL SYMBOL	
<b>PRIVACY ACT STATEMENT</b>					
<b>AUTHORITY:</b>		PL 101-89 Sec. 1507; EO 9397			
<b>PRINCIPAL PURPOSE(S):</b>		To collect applicant information for Child Development Programs and place applicants on waiting lists for program services. Information compiled from applications is also used to assist management determination of effectiveness of present and projection of future program requirements.			
<b>ROUTINE USE(S):</b>		None.			
<b>DISCLOSURE:</b>		Voluntary; however, failure to furnish requested information will result in an incomplete request for care record and possible loss of placement on Child Development Program waiting lists.			
1. DATE OF REQUEST (YYMMDD)			2. EXPIRATION DATE (YYMMDD)		
3. FAMILY INFORMATION					
a. SPONSOR'S NAME (Last, First, Middle Initial)			b. SPOUSE'S NAME (Last, First, Middle Initial)		
c. CHILD'S NAME (Last, First, Middle Initial)			d. CHILD'S DATE OF BIRTH (YYMMDD)	e. CHILD'S AGE	
f. HOME ADDRESS (Street, City, State, Zip Code)			g. SPONSOR'S BRANCH OF SERVICE		
			h. DUTY ORGANIZATION		
i. HOME TELEPHONE NUMBER (Include Area Code)			j. DUTY TELEPHONE NUMBER (Include Area Code)		
k. SIBLING CARE (Complete a separate form and list name and date of birth for each child requiring care)					
(1) Name (Last, First, Middle Initial)		(2) Date of Birth (YYMMDD)		(1) Name (Last, First, Middle Initial)	
				(2) Date of Birth (YYMMDD)	
4. PROGRAM(S) DESIRED (X as applicable)				5. AGE GROUP (X one)	
a. FULL-DAY CARE		e. FAMILY DAY CARE (FDC)		a. INFANTS (0 - 12 months)	
b. PART-DAY CARE		f. PART-DAY ENRICHMENT		b. TODDLERS (13 - 35 months)	
c. SCHOOL-AGE		g. DAY CAMP		c. PRESCHOOL (3 - 5 years)	
d. SPECIAL NEEDS				d. SCHOOL AGE (5 + years)	
6. SPONSOR STATUS (X one)					
a. SINGLE MILITARY		e. SINGLE DOD CIVILIAN		i. MILITARY / UNEMPLOYED SPOUSE	
b. DUAL MILITARY		f. RETIRED MILITARY		j. MILITARY / OTHER THAN DOD SPOUSE	
c. MILITARY / DOD SPOUSE		g. MILITARY RESERVE		k. OTHER (Specify)	
d. DUAL DOD CIVILIANS		h. NATIONAL GUARD			
7. PRESENT CHILD CARE ARRANGEMENTS (X as applicable)					
a. FDC ON-INSTALLATION		d. CIVILIAN CDC		g. IN-HOME CARE	
b. FDC OFF-INSTALLATION		e. MILITARY ALTERNATE CARE		h. NO PRESENT CARE	
c. OTHER MILITARY CHILD DEVELOPMENT CENTER (CDC)		f. NON-MILITARY ALTERNATE CARE		i. OTHER (Specify)	
8. GENERAL INFORMATION (X and complete as applicable)					
Yes	No	a. IF CHILD IS NOT PRESENTLY IN CARE, IS EMPLOYMENT OF SPOUSE AWAITED? (If Yes, estimate average annual income lost)		Yes	No
		b. HAS CHILD BEEN IDENTIFIED FOR SPECIAL NEEDS CARE?		c. IS CHILD ON OTHER MILITARY WAITING LIST? (If Yes, name installation)	
		d. CURRENT COST OF CARE PER WEEK (If child is currently in care)			
9. UPDATE REQUIRED PER INSTRUCTIONS (For Office Use Only)					
	(1)	(2)	(3)	(4)	(5)
a. DATE CALLED (YYMMDD)					
b. DECLINED/ PLACED					
c. COMMENTS/ INITIALS					
d. PLACEMENT TIME (In months)					

DD Form 2606, OCT 91

**FORMS & RECORDS, cont.**

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**DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM  
REQUEST FOR CARE RECORD  
DD FORM 2606  
INSTRUCTIONS**

The Department of Defense Request for Care Record must be completed to determine the unmet need for military child development programs. Information must be collected from eligible families desiring enrollment of their child(ren) in Department of Defense military child development programs, whose child care needs **cannot be met upon demand through center-based care or family day care** placement, to place children on waiting lists, and to make recommendations for placement in supplemental child care programs. Data collected will be compiled by Services and reported annually to Office of the Assistant Secretary of Defense (Family Policy, Support and Service) on the DoD Annual Summary of Operations, DD 2605. A separate form must be completed by parent(s)/sponsor(s) for each child whose immediate placement in military child care programs cannot be accomplished. Failure to furnish information will result in loss of placement on child development program lists. Upon placement of child, this form must be maintained in an inactive file for use in compiling data for the DoD Annual Summary of Operations, DD Form 2605. Forms must be completed annually. Expires 1 year after date of completion.

I. **DATE OF REQUEST.** Enter the date form is completed in 2-digit numerics - year/month/day (example: September 3, 1991 = 09/03/91).

II. **EXPIRATION DATE.** Enter the date one year after the completion date in 2-digit numerics. (See example in Part I.)

III. **FAMILY INFORMATION**

a. **Sponsor's Name.** Enter the last name, first name, and middle initial of the sponsor (military member or civilian employee) of the child for whom child care is desired. Note: If dual military or dual civilian parents/sponsors, enter ranking sponsor's name.

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**FORMS & RECORDS, cont.**

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b. Spouse's Name. Enter the last name, first name, and middle initial of the spouse of the sponsor. If single parent, enter N/A for not applicable. If dual military or dual civilian enter parent/sponsor not listed in Part III, item "a".

c. Child's Name. Enter the last name, first name, and middle initial of the child for whom child care is desired.

d. Child's Date of Birth: Enter the year/month/day of birth of the child for whom child care is desired in 2-digit numerics. (See example in Part I.)

e. Child's Age. Enter the age of the child for whom child care is desired in years and months. If less than 1 year, enter in months.

f. Home Address. Enter the street address, city, state, and zip code of the residence of the child for whom child care is desired.

g. Sponsor's Branch of Service. Enter the branch of service of the sponsor (military or civilian) of the child for whom child care is desired. If dual military or civilian sponsors, enter Service for each parent, with ranking parent's Service first (example: ranking Army father with Navy DoD civilian wife = Army/Navy).

h. Duty Organization. Enter the duty organization of the ranking sponsor.

i. Home Telephone. Enter the home phone number, including the area code, of the sponsor.

j. Duty Telephone. Enter the duty phone number of the ranking sponsor.

k. Sibling Care. (1) Enter the last name, first name, and middle initial of each sibling for whom child care service(s) may be desired. If sibling has been placed in child care, do not enter name. (2) Enter the date of birth of each listed in item k, (1).

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**FORMS & RECORDS, cont.**

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IV. **PROGRAMS DESIRED.** Enter an "X" in the column preceding each category of child care service desired.

a. **Full-Day Care.** Child care services 6 hours or more per day on a regular basis.

b. **Part-Day Care.** Seasonal or regularly scheduled care for less than 6 hours per day.

c. **School-age Care.** Part-day or hourly care for children 5-12 years of age who require supervision before and after school, during duty hours of parents, on school holidays, vacation, and during school closures.

d. **Special Needs.** Special child care accommodations needed for children with disabilities who have been diagnosed as "qualified" handicapped by a medical advisor, and for whom military child development services have been determined to be suitable.

e. **Family Day Care.** Home-based child care service that is provided by an individual who is certified by the Secretary of the military department concerned as qualified to provide child care services, and who provides those services for 10 hours or more on a regular basis.

f. **Part-Day Enrichment.** A center-based part-day program for children 3-5 years of age, which lasts 5 hours or less on a regularly scheduled basis, and provides developmentally appropriate enrichment activities designed to promote school readiness for children.

g. **Day Camp.** A part-year center-based program for 5-12 year olds, offered during special school breaks, such as summer vacation, Spring Break or Christmas holidays.

V. **AGE GROUP.** Enter an "X" in the column preceding the age group which best describes the age of the child for whom child care services are desired.

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**FORMS & RECORDS, cont.**

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VI. **SPONSOR STATUS.** Enter an "X" in the column preceding the category which best describes the status of the sponsor listed in Part III, item "a".

- a. Single Military. An unmarried active duty military member.
- b. Dual Military. An active duty military member whose spouse is also an active duty military member.
- c. Military/DoD Spouse. An active duty military member whose spouse is a DoD civilian employee.
- d. Dual DoD Civilians. A DoD civilian employee whose spouse is also a DoD civilian employee. Note: Include Appropriated Fund (APF) and Nonappropriated Fund (NAF) employees.
- e. Single DoD Civilian. An unmarried DoD civilian employee (either NAF or APF).
- f. Retired Military. A single or married retired military member whose benefits include eligibility for use of MWR activities.
- g. Military Reserve. A single or married activated reservist whose benefits during active reserve duty include eligibility for use of MWR activities.
- h. National Guard. A single or married activated member of the national guard, whose benefits include eligibility for use of MWR activities during active duty.
- i. Military/Unemployed Spouse. An active duty military member whose spouse is not employed outside the home.
- j. Military/Other than DoD Spouse. An active duty military member whose spouse is employed outside the home but not as a DoD employee.

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**FORMS & RECORDS, cont.**

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k. Other (Specify). This category includes any other sponsor status not described in part VI a through j. Also includes DoD civilian employees whose category was not described in Part VI d & e.

VII. **PRESENT CHILD CARE ARRANGEMENTS.** Enter an "X" in the column preceding the category which best describes the current child care arrangements of the child for whom child care is desired.

a. FDC On-Installation. The child is presently enrolled in a certified Family Day Care Home located on a military installation.

b. FDC Off-Installation. The child is presently enrolled in a state or county certified Family Day Care Home located off the military installation.

c. Other Military Child Development Center. The child is presently enrolled in another military operated child development center-based program.

d. Civilian CDC. The child is presently enrolled in a civilian child development program.

e. Military Alternate Care. Child care is presently being provided through a military sponsored supplemental program (other than center-based or on-installation family day care program).

f. Non-Military Alternate Care. Child care is presently being provided for this child in a civilian sponsored supplemental program (other than a civilian center-based facility or licensed family day care home).

g. In-Home Care. The child is presently being cared for by a friend, employee, or family member in my home.

h. No Present Care. Child care services are not currently being provided for this child. (This category includes latch-key school age children.)

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**FORMS & RECORDS, cont.**

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i. Other (Specify). List any category not described in Part VII, items a through h.

**VIII. GENERAL INFORMATION**. Enter an "X" in the Yes or No column in a-c as required.

a. Enter an "X" under "Yes" if the spouse is seeking employment but is unable to work due to unavailability of affordable child care. Enter an "X" under "No" if the spouse is not seeking employment. If answer is "Yes," estimate the average annual income the spouse would make if employed.

b. Enter an "X" under "Yes" if the child for whom child care is desired has been diagnosed as a child with disabilities by a medical advisor. Enter an "X" under "No" if applicable.

c. Enter an "X" under "Yes" if the child for whom child care is desired is listed on another military child development program waiting list and a DD 2606 has been completed at that center. Enter an "X" under "No" if applicable.

d. Enter the current weekly fee you now pay for child care if the child for whom care is desired is currently in some form of child care as indicated in Item VII.

**IX. UPDATE AS REQUIRED**. Updates should be completed as required by your service instructions. Upon placement, this form must be maintained for a minimum of 2 years.

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**FORMS & RECORDS, cont.**

**CHILD DEVELOPMENT CENTER  
FIRE/SAFETY INSPECTION CHECKLIST**

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: Each inspection item should be verified and noted by the inspector's initials.

ITEM	YES	NO															
<b>FIRE</b>																	
<p>Date of most recent renovation of this facility or date of initial occupancy of this facility as a CDC: ____/____/____</p> <ul style="list-style-type: none"> <li>Construction and fire safety criteria applicable to any existing structure are those that were in effect at the time of its construction, initial occupancy for this use, or most recent renovation. "Grandfathering" (i.e., deferment of new criteria and code requirements) is strictly limited to the period prior to the next renovation or addition to an existing center which is otherwise in full compliance with criteria applicable at the time of construction or latest renovation.</li> </ul>	N/A																
Does the facility conform to the requirements of the National Fire Protection Association (NFPA) 101, Life Safety Code except as noted in OPNAVINST 1700.9D or alternative measures approved by NAVFAC/EFD Fire Protection Engineer?																	
Does this facility have a previous "Certificate of Occupancy?" Date last issued: ____/____/____																	
<p>Do staffing levels within child activity rooms meet or exceed those listed below (verify with CDC Director)?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Age Group</u></th> <th style="text-align: left;"><u>Max. Group Size</u></th> <th style="text-align: left;"><u>NUSF*</u></th> </tr> </thead> <tbody> <tr> <td>Infant (6 wks - 12 mo)</td> <td>8 children/2 staff</td> <td>480</td> </tr> <tr> <td>Pre-toddler (12 - 24 mo)</td> <td>10 children/2 staff</td> <td>350</td> </tr> <tr> <td>Toddlers (24 - 26 mo)</td> <td>14 children/2 staff</td> <td>490</td> </tr> <tr> <td>Preschooler (36 - 60 mo)</td> <td>24 children/2 staff</td> <td>840</td> </tr> </tbody> </table> <p>* NUSF (Net Usable Square Feet) is area within the child activity space that is available for program use (i.e., not including toilets, fixed equipment, storage, etc.)</p>	<u>Age Group</u>	<u>Max. Group Size</u>	<u>NUSF*</u>	Infant (6 wks - 12 mo)	8 children/2 staff	480	Pre-toddler (12 - 24 mo)	10 children/2 staff	350	Toddlers (24 - 26 mo)	14 children/2 staff	490	Preschooler (36 - 60 mo)	24 children/2 staff	840		
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**FORMS & RECORDS, cont.**

**CHILD DEVELOPMENT CENTER  
FIRE/SAFETY INSPECTION CHECKLIST (cont.)**

ITEM	YES	NO
<b>FIRE (cont.)</b>		
<p>Is the CDC located on the level of exit discharge which leads directly to the outside?</p> <ul style="list-style-type: none"> <li>CDCs are not permitted in basements, above first floor levels (assuming the first floor to be the level of exit discharge) or in buildings that house fuel storage shops, maintenance shops including woodworking and painting areas, laundries and large kitchens (laundries and kitchens relating to CDC programs are permitted) or in other areas which may be equally or more hazardous.</li> </ul>		
<p>Where CDCs are located in buildings containing other occupancies, is the CDC completely separated from all other occupancies by 1 hour fire-rated construction?</p> <ul style="list-style-type: none"> <li>Automatic sprinkler protection is a separate requirement and does not constitute a substitution for 1 hour fire-rated construction.</li> </ul>		
<p>Is there an automatic sprinkler system provided throughout the entire building containing the CDC:</p> <ul style="list-style-type: none"> <li>Partial sprinkler systems are not permitted. Sprinklers were not required for some types of CDC facilities constructed, renovated, or occupied prior to issuance of OPNAVINST 1700.9D). In older facilities that are not sprinkler protected, the type of construction must comply with the applicable edition of OPNAVINST 1700.9D (in effect at the time the facility was constructed, renovated, or occupied as a CDC). If a building is sprinkler protected, any type of construction is allowable.</li> </ul>		
Are UL or FM approved sprinklers rated @ 165°F?		
Are sprinkler water flow alarms connected to the fire alarm evacuation system?		
Is sprinkler system supervised?		
Is there a supervised local energy fire alarm evacuation system provided throughout the entire building?		
Does the fire alarm system include complete automatic smoke detection, manual pull stations, audiovisual alarm indicating devices, and connections to the sprinkler water flow alarms?		

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**FORMS & RECORDS, cont.**

**CHILD DEVELOPMENT CENTER  
FIRE/SAFETY INSPECTION CHECKLIST (cont.)**

ITEM	YES	NO
<b>FIRE (cont.)</b>		
Does the system automatically transmit alarms to the fire department?  • Wherever automatic transmission of alarms is not possible, an alternate means of transmission, approved by the local Fire Marshal, or cognizant installation personnel, will be required.		
Are exits provided in accordance with the Educational Occupancies Section of NFPA 101 Life Safety Code except that at least one exit door shall lead directly to the outside from each activity room?		
Are low-profile thresholds and ramps provided for all changes in elevation?		
Are exit doors provided with panic hardware?		
Are exit doors from any rooms which are to be used for infant care sufficiently wide (36 inches in clear width, or the width of the evacuation crib plus 6 inches, whichever dimension is greater) to permit rolling cribs from their room(s) directly to the outside of the building, away from any danger or hazards?		
Are appropriate escape paths with hardened surfacing (e.g., asphalt, concrete, etc.) leading away from the building provided? Dead end corridors are not permitted.		
Are operational fire extinguishers provided in accordance with NFPA 10? Are they regularly inspected?		
Are highly combustible furnishings and decorations not permitted (regardless of sprinkler protection)? Are teaching materials and artwork attached to the walls limited so as not to exceed 20 percent of the wall area?		
Are wastebaskets and other waste containers of noncombustible materials?		
Are unvented, fuel-fire room heaters and portable electric space heaters eliminated?		
Are monthly fire protection inspections and exit drills conducted by cognizant installation personnel?		

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**FORMS & RECORDS, cont.**

**CHILD DEVELOPMENT CENTER  
FIRE/SAFETY INSPECTION CHECKLIST (cont.)**

ITEM	YES	NO
<b>FIRE (cont.)</b>		
Have discrepancies cited through these inspections been noted and time tables for correction been provided? Has a written report been left with the center director and a copy forwarded to the cognizant department head following each inspection and exit drill?		
Is a daily attendance record maintained by the center staff in each activity space and kept readily available for conducting "head counts" of evacuees outside the building in the event of fire or other emergency?		
Is the fire detection/evacuation system tested on a monthly basis?		
<b>ELECTRICAL</b>		
Have extension cords been eliminated?		
Is a ground fault circuit interrupter (GFCI) provided for each circuit servicing bathrooms, kitchens, laundry facilities, exterior receptacles, and sink areas?		
Does electrical installation and equipment comply with the requirements of the National Electrical Code?		
Are electrical receptacles located in child activity areas occupied by children under 5 years of age protected by nonconductive caps in conjunction with the standard grounded receptacle and/or controlled by a separate switch permitting them to be de-energized when not necessary for use?		
Are receptacles located at least 54 inches above the floor and out of the reach of children?		
<b>SAFETY</b>		
Has exposure to toxic and hazardous substances such as lead paint, asbestos, formaldehyde, termiticide, cleaning supplies, etc., been eliminated or controlled?		
Has exposure to poisonous, toxic, or other hazardous plants, shrubbery, or trees been eliminated? Has hazardous plant material been removed and replaced with acceptable material?		
Do all closet door latches permit children to open the door from inside the closet? Are all locks removed from bathroom doors used by children?		

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**FORMS & RECORDS, cont.**

**CHILD DEVELOPMENT CENTER  
FIRE/SAFETY INSPECTION CHECKLIST (cont.)**

ITEM	YES	NO
<b>SAFETY (cont.)</b>		
Do all interior doors to child activity rooms and to any space within child activity rooms have windows or view panels, or are they equipped with half-height (half doors) for the continuous viewing of all children?		
Does each room occupied by children have at least one window or glazed opening to the building exterior? This window or glazed opening may be part of the direct exit door from the activity room. Note: This is a requirement simply to ensure natural illumination, not egress.		
Is the CDC free from protruding nails, splinters, holes or loose boards?		
Have tack strips/boards been replaced with clip strips or magnetic holders which do not present puncture or ingestion hazard posed by loose tacks?		
Are aisles and passageways kept clean and in good repair with no obstructions across or in aisles that could create a tripping/emergency evacuation hazard?		
Is every flight of stairs having two or more risers provided with stair railings or handrails appropriate for use by children and staff?		
Are covers and/or guard rails provided to protect personnel from hazards of openings, falls from elevations, etc.?		
Has injury potential from falls been minimized by reducing exposed or unfinished hard surfaces wherever possible?		
Are fan blades located less than seven (7) feet above the floor or working level guarded with openings no larger than one-half (1/2) inch?		
Is noise exposure to personnel within the facility limited to 85 dba?		
Have drills and training been conducted and documented for all staff on various emergency procedures?		

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**FORMS & RECORDS, cont.****FAMILY CHILD CARE (FCC) APPLICATION**

I request that I be permitted to establish family child care in my government quarters in accordance with OPNAVINST 1700.9D and Family Child Care Standards.

I am presently caring for, or plan to care for \_\_\_\_\_ children, including my own, and understand that I must maintain the number of children cared for within the age limitation prescribed in OPNAVINST 1700.9D. Additionally, I will comply with the rules and regulations established for government family housing.

I also understand that my home is subject to inspection or release of information by the following agencies for initial certification, annual certification, or as needed and that discrepancies noted on these inspections will be corrected as directed by the respective inspectors.

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

REVIEWING OFFICE

RECOMMENDED FOR  
APPROVAL      DISAPPROVAL

Fire Department  
Preventive Medicine Office  
Security Department  
Housing Office  
State Licensing Authority (If applicable)  
FCC Monitor (If applicable)  
Family Advocacy Representative  
Counseling and Assistance Center  
Division Officer

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**FCC Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Decision:**                      Approved: ☐                      Disapproved: ☐

**Commanding Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If applicable, reason for disapproval: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FORMS & RECORDS, cont.****FAMILY CHILD CARE  
HEALTH CHECKLIST**Inspector: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Provider's name: \_\_\_\_\_

Address: \_\_\_\_\_

Instructions: Each inspection criteria item should be verified.

CRITERIA	YES	NO
1. Is a completed registration/health form on file for each child enrolled?		
2. Are children's immunizations current before being accepted for care?		
3. Have provider's family members received all required immunizations?		
4. Has provider completed required first aid training and CPR training?		
5. Are there any emergency medical and first aid plans?		
6. Are family pets free of disease and inoculated?		
7. Are animals kept out of food areas?		
8. Are infants' bottles labeled, dated and properly stored or refrigerated?		
9. Are menus posted?		
10. Does provider serve meals and snacks?		
11. Are menus well-balanced and planned according to United States Department of Agriculture meal patterns?		
12. Are hand-washing facilities readily available for children including liquid soap and disposable towels and face cloths?		
13. Are disposable diapers used? Are sanitary diapering procedures prescribed by the Centers for Disease Control being used?		
14. Are soiled diapers placed in tightly covered receptacles with plastic liners?		
15. Are soiled diapers stored away from play, sleep or food service areas?		
16. If cloth diapers are used, are they individually marked and provided by parents?		

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**FORMS & RECORDS, cont.****FAMILY CHILD CARE  
HEALTH CHECKLIST (cont.)**

CRITERIA	YES	NO
17. Are soiled cloth diapers placed unrinsed in sealed plastic bags?		
18. If used, are toilet training chairs thoroughly cleaned and disinfected after each use?		
19. Does each child have his/her own place to sleep or rest that is at least 4 inches from the floor?		
20. Are crib and bed linens changed when soiled or when occupied by different children?		
21. Are beds used by family members completely covered by waterproof cover and clean linens before being used by children?		
22. Are cribs slats less than 2-3/8 inches apart?		
23. Are only prescription medications administered? Is a record of the date, time, and dosage kept?		
24. Are medications, cleaning supplies and other dangerous supplies kept safely out of reach of children?		
25. Are garbage and refuse containers tightly covered and away from children's play area?		
26. Are all requirements for Family Child Care, Section 28 of OPNAVINST 1700.9D followed?		
27. Are all toys, cots, diapering areas and food service surfaces sanitized using procedures prescribed by the Centers for Disease Control?		
28. All areas used for care of children are well-lit, adequately ventilated, and maintained at a comfortable temperature.		
29. Does the provider refrain from smoking when children are present? Is smoking material out of reach of children?		
30. Are separate, locked storage areas provided for cleaning equipment and supplies, including detergents and solvents?		

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**FORMS & RECORDS, cont.****FAMILY CHILD CARE  
FIRE/SAFETY CHECKLIST**

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Instructions: Each inspection criteria item should be verified.

CRITERIA	YES	NO
1. Do rooms used by children provide sufficient space to accommodate them comfortably?		
2. Does home have at least two exits which discharge directly to the outside? (Single family homes only.)		
3. Is smoke detector in operating condition?		
4. Is fire extinguisher (minimum 2A:10BC) accessible and in working condition?		
5. Are exits free from obstruction?		
6. If the children must go up and down stairways, are they wide enough to adequately accommodate their travel?		
7. Does stairway have handrails? Is stairwell well lit?		
8. Are safety gates provided at stairways when infants/pre-toddlers/toddlers are enrolled?		
9. If facility has elevated walkways, porches, ramps, or play areas, are there barriers to prevent falls?		
10. If home provides care for physically handicapped children, are the grounds graded to the same level as the primary entrance to the building for easy access for such children?		
11. Has provider been trained in emergency procedures in event of fire? Is evacuation plan posted?		
12. Are children familiar with procedure and evacuation plans?		
13. Do all electrical receptacles have protective caps or other protective mechanisms to prevent child contact?		
14. Did any outlets appear to be overloaded?		



**27 OCT 1994****FORMS & RECORDS, cont.**

**FAMILY CHILD CARE  
FIRE/SAFETY CHECKLIST (cont.)**

CRITERIA	YES	NO
15. Are only approved extension cords used?		
16. If clear glass panels are used in sliding doors, shower stalls, tub enclosures, storm doors, etc., are they clearly marked at child's eye level to avoid accidental impact?		
17. Does home maintain first aid kit in readily accessible location?		
18. If portable, electric fans must be used, are they covered by a protective safety net or cover?		
19. Is there a telephone or an emergency response plan?		
20. Are the following emergency telephone numbers conspicuously posted:	N/A	
a. Fire Department?		
b. Police?		
c. Poison Control Center?		
d. Emergency medical resource (such as doctor, clinic, ambulance, etc.)?		
21. Is an operable flashlight readily available in case of power failure?		
22. Is outside play equipment safe?		
23. Is there peeling paint in the rooms or on the equipment used by the children?		
24. Is outdoor play area free of tools, insecticides, and other hazards?		
25. Are children kept out of any room where a furnace, domestic hot water heater, or gas meter is installed?		
26. Are all rooms in quarters child-proofed? Are rooms not used by children inaccessible?		
27. If FCC home is a mobile home unit, are all standards in OPNAVINST 1700.9D met?		

**Comments:**


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**FORMS & RECORDS, cont.****FAMILY CHILD CARE  
PROGRAM CHECKLIST**

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Instructions: Each inspection criteria item should be verified.

CRITERIA	YES	NO
1. Are group sizes and ratios followed per the posted certificate or application (infant, multi-age, etc.)?		
2. Are children supervised at all times?		
3. Is the environment arranged to promote discovery and freedom of movement by children?		
4. Is there a variety of games, toys, books, and materials available to meet the various ages and developmental needs of the children?		
5. Are toys, games, and materials stored on low, open shelves accessible to children?		
6. Are meals and snacks served family-style?		
7. Are the discipline and guidance techniques used in a positive way to develop good self image and self-discipline?		
8. Are children only released to the child's parents unless written authorization is given by parents?		
9. Is the daily schedule posted and followed?		
10. Does the daily schedule provide for age-appropriate and developmentally sound activities for all children enrolled?		
11. Do the daily activities provided have a balance between child-initiated and adult-directed?		
12. Does schedule include daily opportunities for children to play outside?		
13. Does provider make provisions for parent involvement/interaction?		
14. Is there an authorized back-up provider?		

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**FORMS & RECORDS, cont.**

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**FAMILY CHILD CARE  
PROGRAM CHECKLIST (cont.)**

CRITERIA	YES	NO
15. Does provider maintain accurate business and administrative records in an organized manner? Are records easily accessible?		
16. Has provider received training on use of the FDCRS and Navy FCC Providers Training Program?		
17. Has provider received training in child abuse prevention? Does provider understand child abuse/neglect identification and reporting procedures? Is DoD Hot Line posted?		

**Comments:** \_\_\_\_\_\_\_\_\_\_  
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## CHILD DEVELOPMENT CENTER HEALTH/SANITATION INSPECTION CHECKLIST

Instructions: Each inspection criteria item should be verified and noted by the inspector's initials.

CRITERIA		YES	NO
<b>ITEM 1. CDC PROGRAMS' COMPLIANCE WITH HEALTH STANDARDS OF CDCS</b>			
1. Do written policies and procedures comply with criteria and are they developed with the assistance of the local health consultant?			
2. Are written policies and procedures posted and available to staff and parents?			
3. Are all CDC staff trained on established procedures for handling emergencies and minor health problems?			
4. Is a health inspection conducted on a monthly basis and as needed by preventive medicine officials, noting deficiencies and a time table for corrections? Is written documentation of corrective actions on file?			
5. Is a medical officer assigned as the point of contact for medical problems which may occur?			
6. Is staff training in first aid and CPR current?			
<b>Comments and Recommendations:</b>			

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**FORMS & RECORDS, cont.**

CRITERIA	YES	NO
<b>ITEM 2. CHILD CARE FACILITIES' COMPLIANCE WITH SERVICE HEALTH STANDARDS FOR CDCS (cont.)</b>		
1. Are floors and walls clean and free from hazards?		
2. Is smoking prohibited in child development facilities and on playgrounds?		
3. Are cleaning supplies (except for bleach solution) not stored in or directly off the rooms occupied by the children, in the kitchen, or in the toilet facility?		
4. Do indoor temperatures protect the health of children?		
5. Are floor furnaces, open grate gas heaters, and electric space heaters not used to heat areas occupied by children?		
6. Do fans have a protective safety net and are they installed outside the reach of children?		
7. Are rooms well ventilated? Do doors and windows without screens remain closed? Do food service areas have adequate ventilation?		
8. Does water quality meet standards?		
9. Do lighting levels meet standards? Is emergency lighting provided at building exits?		
<b>Comments and Recommendations:</b>		
<b>ITEM 3. TOILET, HAND WASHING, AND DIAPER CHANGING FACILITIES</b>		
1. Does the number of toilets and sinks for children over three years meet requirements?		
2. Does the number of toilets and sinks for children 2-3 years meet requirements?		
3. Does the number of toilets and sinks for children 12-24 months meet requirements?		
4. Does the number of diaper change areas meet requirements?		
5. Is running water available in diaper change areas?		

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**FORMS & RECORDS, cont.**

CRITERIA	YES	NO
<b>ITEM 3. TOILET, HAND WASHING, AND DIAPER CHANGING FACILITIES (cont.)</b>		
6. Are the National Centers for Disease Control's diapering procedures followed?		
7. Is an approved disinfectant used? Are surfaces disinfected after each use?		
8. Does diaper disposal meet requirements? Are all hand washing facilities provided with hot and cold water, mixing faucets, liquid soap, and hand towel dispenser? Are paper towels, liquid soap, etc., at the child's level? Does the temperature of hot water used by children not exceed 110°F?		
9. Are separate toilet and hand washing facilities provided for staff members?		
<b>Comments and Recommendations:</b>		
<b>ITEM 4. INFECTION CONTROL</b>		
1. Do staff and children wash hands frequently, using hand washing procedures prescribed by the National Centers for Disease Control?		
2. Are surfaces and equipment cleaned and disinfected at least once a day?		
3. Is a schedule for cleaning and disinfecting toys and equipment followed?		
4. Are disinfectant solutions approved?		
<b>Comments and Recommendations:</b>		

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**FORMS & RECORDS, cont.**

CRITERIA	YES	NO
<b>ITEM 5. LAUNDRY FACILITIES, WASTE DISPOSAL, AND PEST CONTROL</b>		
1. Are laundry services in accordance with NAVMED P-5010-1, Chapter 2?		
2. Are solid wastes, garbage, and disposable diapers kept in durable, leak-proof, non-absorbent waste containers? Are containers in kitchen and diaper changing areas provided with tight-fitting lids? Are soiled diapers not stored in play, sleep, or food areas?		
3. Is pest control in accordance with NAVMED P-5010-8?		
<b>Comments and Recommendations:</b>		
<b>ITEM 6. FOOD SERVICE OPERATIONS</b>		
1. Does food service equipment, including refrigerators meet National Sanitation Foundation or equivalent standards?		
2. Are formula and juices prepared at home identified (labeled and dated) for the appropriate child by the parents, and refrigerated until used?		
3. Is baby food provided by parents labeled and dated? Are opened containers refrigerated and sent home at the end of each day?		
4. Are microwaves not used to heat bottles or containers of baby food?		
5. Are cooking utensils and dishware washed and sanitized in accordance with NAVMED P-5010-1, Food Service Sanitation?		
6. Do food service facilities meet the structural and sanitary requirements in NAVMED P-5010-1, Chapter 1?		
7. Does food procurement, storage, preparation, and dishwashing follow NAVMED P-5010-1, Chapter 1?		
8. Do personnel who engage in food service operations have current training in sanitary food service operations?		
<b>Comments and Recommendations:</b>		

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**FORMS & RECORDS, cont.**

CRITERIA	YES	NO
<b>ITEM 7. CUSTODIAL AND HOUSEKEEPING SERVICE</b>		
1. Do standard operating procedures for custodial and housekeeping services reflect OPNAVINST 1700.9D requirements?		
2. Are services provided in accordance with guidelines?		
<b>Comments and Recommendations:</b>		
<b>ITEM 8. FIRST AID KIT</b>		
1. Are first aid kit contents standardized? Are personnel knowledgeable in kit location and use? Are kits stored out of reach of children and are no hazardous items included?		
2. Are contents of kits checked monthly and replenished as necessary?		
<b>Comments and Recommendations:</b>		
<b>ITEM 9. NAP/SLEEPING PROVISIONS</b>		
1. Are regularly scheduled nap and rest periods provided for children, as specified? Does each child have his/her own crib/cot/mat with his/her own sheet/blanket? Are crib surfaces free of hazards?		
2. Are cots cleaned with approved products at least weekly? Are cribs cleaned on a daily basis? Are cribs and cots cleaned with approved products after each use whenever used by different children?		
3. Is there at least 3 feet between cots? Are children placed in alternating head-to-foot positions?		
<b>Comments and Recommendations:</b>		



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**FORMS & RECORDS, cont.**

CRITERIA	YES	NO
<b>ITEM 10. CHILD ADMISSION REQUIREMENTS</b>		
1. Is a registration form for each child completed by parents prior to admission?		
2. Is no child admitted to a CDP without current immunizations against tetanus, diphtheria, pertussis, poliomyelitis, and Hi type B?		
3. Are children's records current and updated annually?		
4. Are procedures established to ensure compliance with additional immunization requirements?		
5. Are children screened for illness upon arrival. Are children who are ill separated from the group?		
6. Is staff aware of children's allergies?		
7. Is a signed parental consent for child to receive emergency medical/dental care on file?		
<b>Comments and Recommendations:</b>		
<b>ITEM 11. ORAL HEALTH</b>		
1. Do children over 2 years of age enrolled for full-time care brush their teeth after lunch with fluoride toothpaste?		
2. Does each child have a personally labeled toothbrush?		
3. Are toothbrushes stored so they do not drip on other toothbrushes, separated from one another and exposed to the air to dry, and not in contact with any surface?		
<b>Comments and Recommendations:</b>		

CRITERIA		YES	NO
<b>ITEM 12. MEDICATIONS</b>			
1. Is medication administered in accordance with OPNAVINST 1700.9D?			
2. Is only topical, non-prescription medication administered? Are medications provided by parents daily with written directions for use? Are over the counter oral medications not administered?			
<b>Comments and Recommendations:</b>			

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**A**

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**APF****Appropriated funds****APF Direct Costs**

Direct costs are those costs clearly identified to a product or output and are totally related to the output, such as hands-on labor or material used in a product. First-line supervision over a function in sole support of a specific output is considered a direct cost. Similarly, second-line supervision may also be considered a direct cost if solely in support of a specific output. Second-line supervision and activities above second line that do not provide direct benefits to a specific output are considered indirect costs. Costs related to headquarters, regional offices, or support activities are not considered direct costs.

**APF Employees**

Civilian personnel hired by DoD Components with APFs as defined in Federal Pay Manual (FPM), Chapter 731. This includes temporary employees, 18 years or older.

**APF General and  
Administrative  
(G&A) Expenses**

G&A expenses are overhead costs that cannot be reasonably associated with any particular outputs and are located over all of the outputs. G&A costs generally include functions such as local comptroller, installation security, facilities engineering, legal services, fire protection, utilities, custodial services, refuse collection, snow removal, and similar types of base support functions.

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APF Indirect Costs	Indirect costs are those mission costs that benefit two or more outputs but not all outputs. Costs that benefit all outputs are general and administrative expenses.
Accreditation	Nationally recognized credential developed by the National Association for the Education of Young Children, Academy of Early Childhood Programs.

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**C**

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Caregiver	Civilian employee of the Department of Defense who provides direct care for children and has responsibility for planning or assisting in planning and/or carrying out a program which meets the children's needs at the various stages of development and growth. These employees are counted in the staff:child ratios.
Caregiving Personnel	Child Development Program civilian employees who are directly involved with the care and supervision of children and are counted in the staff:child ratios.
Child Care Fee Receipts	Those nonappropriated funds that are derived from fees paid for child care services provided at military child development centers. Also referred to as user or parent fees.

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Child Development  
Center (CDC)

A facility on a military installation (or on property under the jurisdiction of the commander of a military installation) at which child care services are provided for eligible patrons, or any other facility at which such child care services are provided.

Child Development  
Center (CDC) Director

The CDC Director (i.e., site supervisor, assistant director, facility manager, CDC coordinator, or program director) administers the day-to-day operations of a child care facility which includes collecting fees, managing the facility, food preparation and serving, personnel, implement children's developmental program and staff training.

Child Development  
Program (CDP)

Child care services for children through age 12 years of DoD personnel provided in child development facilities, to include contract locations, family child care homes, and alternative locations. Care may be provided on a full-day, part-day, or hourly basis. Care is designed to protect the health and safety of children; to promote their physical, social, emotional, and cognitive development; and to enhance children's readiness for later school experience.

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Child Development  
Program (CDP)  
Administrator

The CDP Administrator manages the complete CDP, which can include any or all of the following different programs: CDC-based child care, family child care, before and after school care, child care resource and referral. This person manages nonappropriated and appropriated fund budgets, facilities, procurement of supplies, food programs, personnel, curriculum, and training.

Child Development  
Center (CDC) Employee

A civilian employed to work in a CDC (regardless of whether the employee is paid from APFs or nonappropriated funds).

Child-Sized Furniture

Child's feet rest on floor when seated in chair, table height is comfortable with knees under table, elbows above table.

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**D**

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Department of Defense  
(DoD) Certificate to  
Operate

A certificate issued every 15 months to each DoD CDP after the program has been inspected by a representative(s) of the higher headquarters or a major command child development specialist, and found to be in compliance with DoD standards.

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DoD Child Abuse and  
Safety Hot Line

Continental United States and Outside Continental United States 1-800 numbers that reach the Office of the Assistant Secretary of Defense (Personnel and Readiness) to report suspected child abuse or safety violations in DoD child development and youth programs.

DoD CDP Employee  
Wage Plan

The NAF wage plan implemented in response to the Military Child Care Act, which uses a NAF pay banding system to provide direct service personnel with rates of pay substantially equivalent to other employees at the installation with similar training, seniority, and experience. Pay increases and promotions are tied to completion of training. Completion of training is a condition of employment. This wage plan does not apply to CDPs constructed and operated by contractors under 10 U.S.C. 2809.

Dependent Child

Includes adopted children or recognized natural children, stepchildren and foster children who live with the military service member or civilian employee in a regular parent-child relationship. Dependent children requiring child care services program support are defined as those who range in age from 6 weeks to 12 years of age.

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**Developmental Program**

A planned program of developmentally appropriate activities which promote the social, emotional, physical and intellectual development of children in each age group of CDC-based or Family Child Care setting that shall be provided in full-day, part-day and hourly programs. Activities shall include child-initiated as well as adult-directed activities.

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**E**

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**Environment**

Use of space, materials, furnishings and experiences to enhance children's development. Includes daily schedule and supervision provided.

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**Facility**

All or any portion of a building on a military installation (or on property under jurisdiction of the commanding officer) where primary purpose is to provide child care for active duty personnel and DoD civilians.



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Family Care Plan	A Navy form that outlines the person(s) who shall provide care for the military member's children, disabled, elderly, and/or other family member(s) dependent upon the member for financial, medical, or logistical support in the absence of the member due to military duty. The plan outlines the legal, medical, logistical, educational, monetary, and religious arrangements for the care of the member's family, in accordance with OPNAVINST 1740.4.
Family Child Care (FCC)	Care provided for up to six children (including own children under the age of eight) by a FCC certified military dependent in quarters either owned or leased by the government. FCC providers are permitted and authorized to serve dependents of DoD civilian employees of the installation when determined beneficial by the local command.
Family Child Care Application	Form used to request approval from the commanding officer for providing child care in an individual's government quarters.
Family Child Care Coordinator	Individual responsible for administering the FCC program, screening providers and visiting homes for the purposes of training and quality assurance. In large programs, a coordinator should have responsibility for program administration and supervision of monitors.
Family Child Care Monitor	In large programs the monitor provides direct support to the providers through home visits and on-site training.

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**F**

Family Child Care  
Provider

Individual who provides child care in his or her Navy quarters for 10 hours or more on a regular basis with the approval and certification of the commanding officer and has the responsibility for planning and carrying out a program that meets the children's needs at the various stages of development.

Full-Day Care

This care meets the needs of parents working outside the home who require child care services 5 hours or more per day on a regular basis, usually at least 4 days per week.

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**H**

Hourly Care

Care provided in a CDP that meets the needs of parents requiring short-term child care services on an intermittent basis. Hourly care includes short-term alternative child care.

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**I**

Infants

Children 6 weeks through 12 months of age.

Interns

A college student gaining supervised practical experience in a child development setting.

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**Life Threatening**

Major deficiencies with imminent danger are those that, by themselves, threaten the safety or well-being of the children.

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**Mixed Age Group**

A group of children in a CDP drawn from more than one child age group category.

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**Nonappropriated Fund  
(NAF)**

Funds not appropriated by Congress (e.g., funds generated by parent fees and charges that support payment of caregivers' salaries and benefits, supplies and food costs).

**National Academy of  
Early Childhood Programs**

A division of the National Association for the Education of Young Children (NAEYC) that administers an early childhood program accreditation process designed to set the standards of excellence in early childhood education.

**Newborn**

A child birth through 5 weeks of age.

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Short-term Child Care	A child care program that provides on-site hourly group child care when a parent or guardian of the children in care are attending the same function and are in the same facility.
Sponsor	Individual whose status determines the eligibility of the child for care. This may or may not be the natural father or mother. Defined as being the individual who has legal and primary physical custody of the dependent child.
Staff-Per-Child Ratio	The number of children for whom one CDC caregiving employee or FCC provider will be responsible. Staff-per-child ratio varies according to age.
Supplemental Child Care (SCC) Programs	Child care programs and services that augment and support CDC and FCC programs to increase the availability of child care for military and DoD civilian personnel. These may include, but are not limited to, resource and referral services; contract-provided services; short-term, hourly child care at alternative locations; and interagency initiatives.
Support Staff	Person(s) responsible for providing services that are not directly related to caregiver services, such as, but not limited to, janitorial, food service, clerical and administrative duties.

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Toddlers	Children 25 through 36 months of age.
Total Family Income	All earned income including wages, salaries, tips, long-term disability benefits, voluntary salary deferrals, quarters allowances and subsistence allowances and in-kind quarters and subsistence received by military member and spouse. Also includes pay for service in a combat zone and anything else of value, even if not taxable, that was received for providing services. Quarters allowances and subsistence allowances mean the Basic Allowance for Quarters and the Basic Allowance for Subsistence received by military personnel (with respect to grade and status) and the value of meals and lodging furnished in-kind to military personnel residing on military bases.
Training and Curriculum Specialist	An APF employee who is a professionally-qualified early childhood educator who meets the professional qualifications of the National Academy of Early Childhood Program's Early Childhood Specialist, who provides training for employees, and FCC providers, and ensures curriculum development and implementation.

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**U**

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**Unmet Need**

The number of children whose parent cannot work outside the home because child care is not available.

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**W**

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**Waiting List**

List of children whose parents have requested a child development program space when none is available.